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BOSTON UNIVERSITY  
SCHOOL OF EDUCATION

Thesis

IS A NATIONAL ACCREDITING AGENCY FOR SCHOOLS OF NURSING  
ADVISABLE?

Submitted by

Stella Goostray

(B.S., Teachers College, Columbia University, 1926)

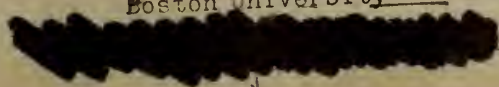
In partial fulfillment of requirements for the  
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# I

## The Development of Nursing Education

### Introduction

There are in the United States some two thousand schools of nursing. They run the whole gamut from so-called schools in privately owned hospitals operating for profit to a school of true professional standards within a university. There are no professional accrediting agencies for these schools except the state boards of nurse examiners who determine whether the graduates of a given school are eligible to take the examinations for registered nurses. Accrediting agencies are operating in other fields of specialized education as well as in the field of general education. In this thesis we seek to answer the question "Is a national accrediting body for schools of nursing advisable?" The evidence on which to base our conclusion will be derived from:

- I. A review of nursing education, its progress, changing objectives and present philosophy;
- II. A review of certain data concerning schools of nursing with some discussion of their educational implications;
- III. A study of the standardizing and accrediting programs carried on in general education and in specialized fields of education.



# THE HISTORY OF THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OF

THE UNIVERSITY OF OXFORD

IN TWO VOLUMES

THE FIRST

OF

THE SECOND

OF

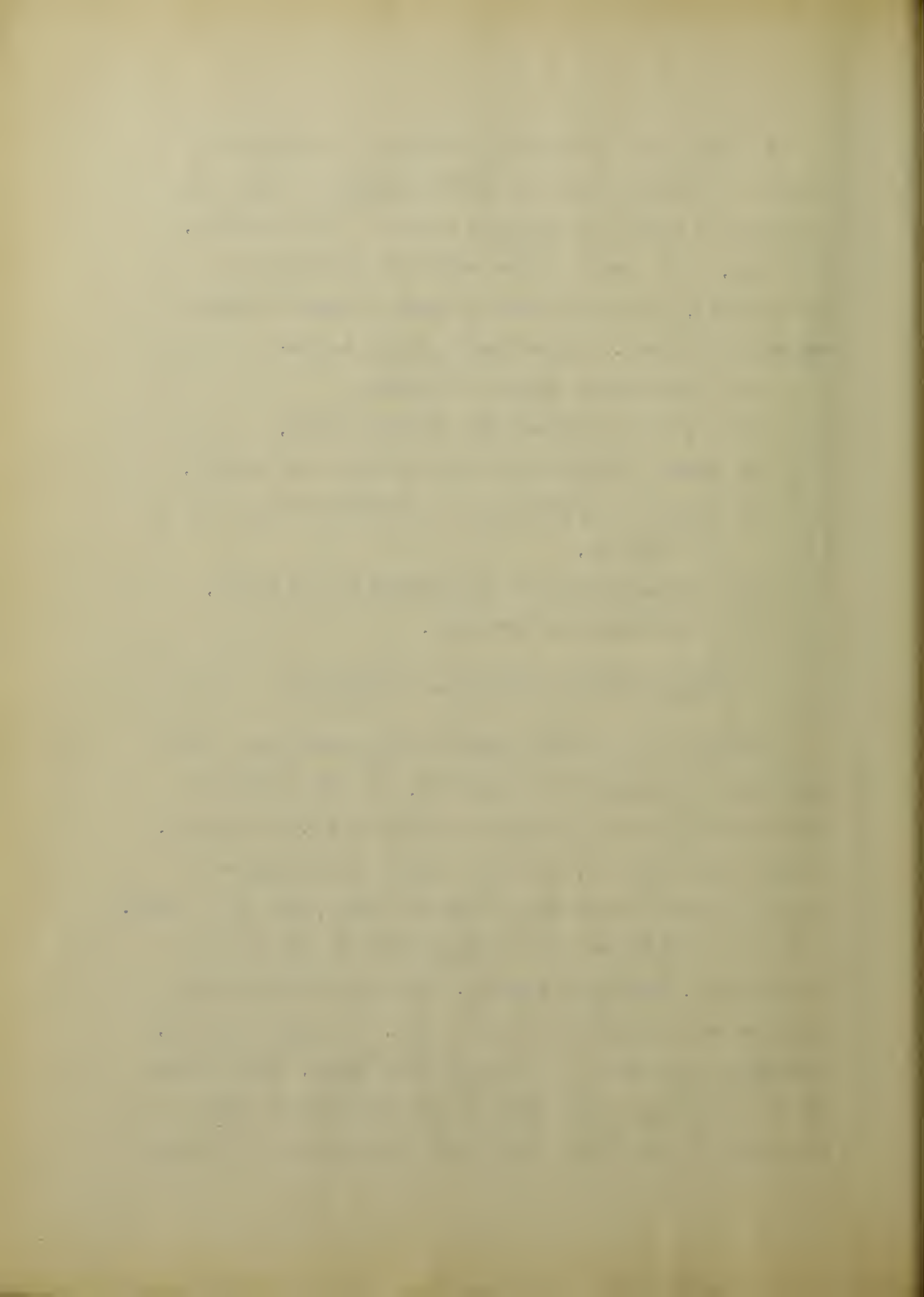
OF

In the review of nursing education no attempt will be made to present the facts in chronological order but to discuss a number of distinct trends. It is obvious, of course, that some of these movements were going on concurrently, although there has been a somewhat orderly sequence of events. These trends appear to be:

- 1) A phenomenal growth of schools,
- 2) A growing professional consciousness,
- 3) State recognition of the practice of nursing,
- 4) Gradual shifting from an apprenticeship basis to a school,
- 5) A broadening of the functions of the nurse,
- 6) A self-critical attitude.

#### Early History of Medicine and Nursing

Nursing is one of the oldest of the vocations. The word means to nourish or to nurture, and the primitive mother who cared for her new-born babe practised nursing. It was many centuries, however, before the prototype of the professional nurse, as we know her today, came into being. The roots of medicine were deeply buried in the soil of superstition, magic and sorcery. When man believed that sickness was caused by an evil spirit, he sought one who, supposedly possessed of a supernatural power, could drive out the evil one. This might be accomplished by sweats and purges or by weird incantations accompanied by beating





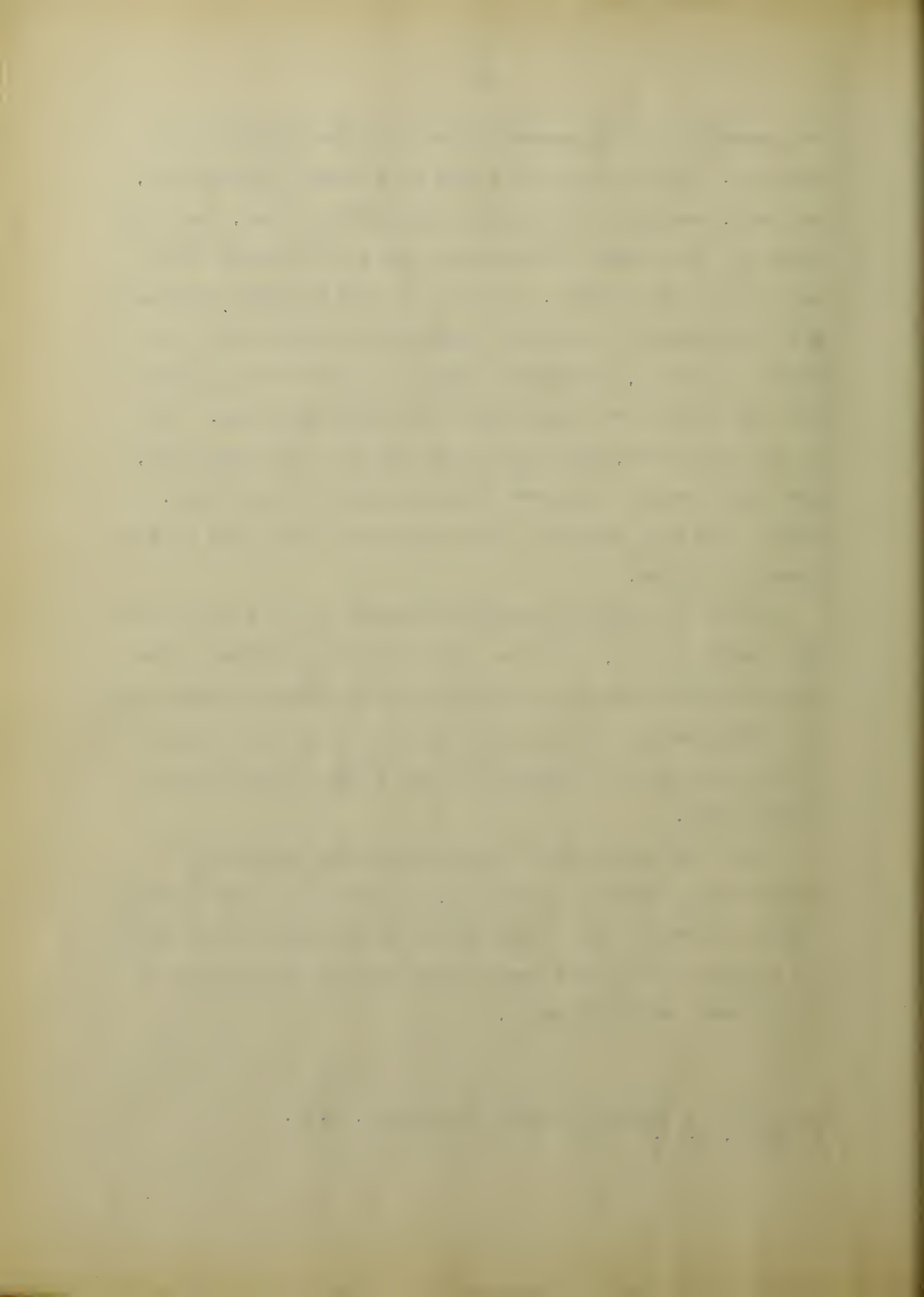
and numbing or by nauseous doses of vile-smelling concoctions. There grew up the cult of the medicine man who, no doubt, besides his claim to supernatural power, had some practical knowledge of the use of herbs in bringing about certain desired results. It is said that medicine branched off from magic and began its independent career early in Egyptian history, but extant medical papyri show that medicine and magic were intermingled for many centuries.<sup>1</sup> It is not known that, apart from midwives who were plentiful, there were any men or women corresponding to our nurses. Nursing was most probably done within each household by the women and slaves.

The era of scientific medicine began in the fourth century before Christ, with the assertion of Hippocrates that disease was due and to be explained on physical grounds alone. This epoch-making point of view led to all future medical progress and won for Hippocrates the title of "The Father of Medicine".

With the beginning of Christianity the history of nursing first becomes continuous, and there are many records showing the part which women played in the care of the sick.<sup>2</sup> For centuries religious women cared for the sick as one of the corporal works of mercy.

1 Seymer, A General History of Nursing, p. 2.

2 Ibid., p. 2.



## Nursing in the Mid Victorian Period

It is not within the scope of this thesis to trace the history of nursing down through the centuries. We shall, however, point out the situation in which nursing found itself in the middle of the last century. Many hospitals had been taken over by the civil authorities, and the standard of nursing service both in the home and in the hospital was deplorable. A census in England taken in 1851 classified nurses in two groups - "nurses by profession" and "nurses in domestic service".<sup>1</sup> What the real difference was between the groups is not specified, but there were no professional nurses as we use the term. There had been a few attempts made in England and Germany, just prior to the middle of the 19th century, to improve the care of the sick in their homes. Most of these efforts were made by religious communities and consisted of giving women a few months' experience in a hospital before sending them out to care for the sick. The revival of the Deaconess Order in Kaiserswerth, Germany, (1836)<sup>2</sup> had an influence on nursing which was more far-reaching than it seemed at that time.

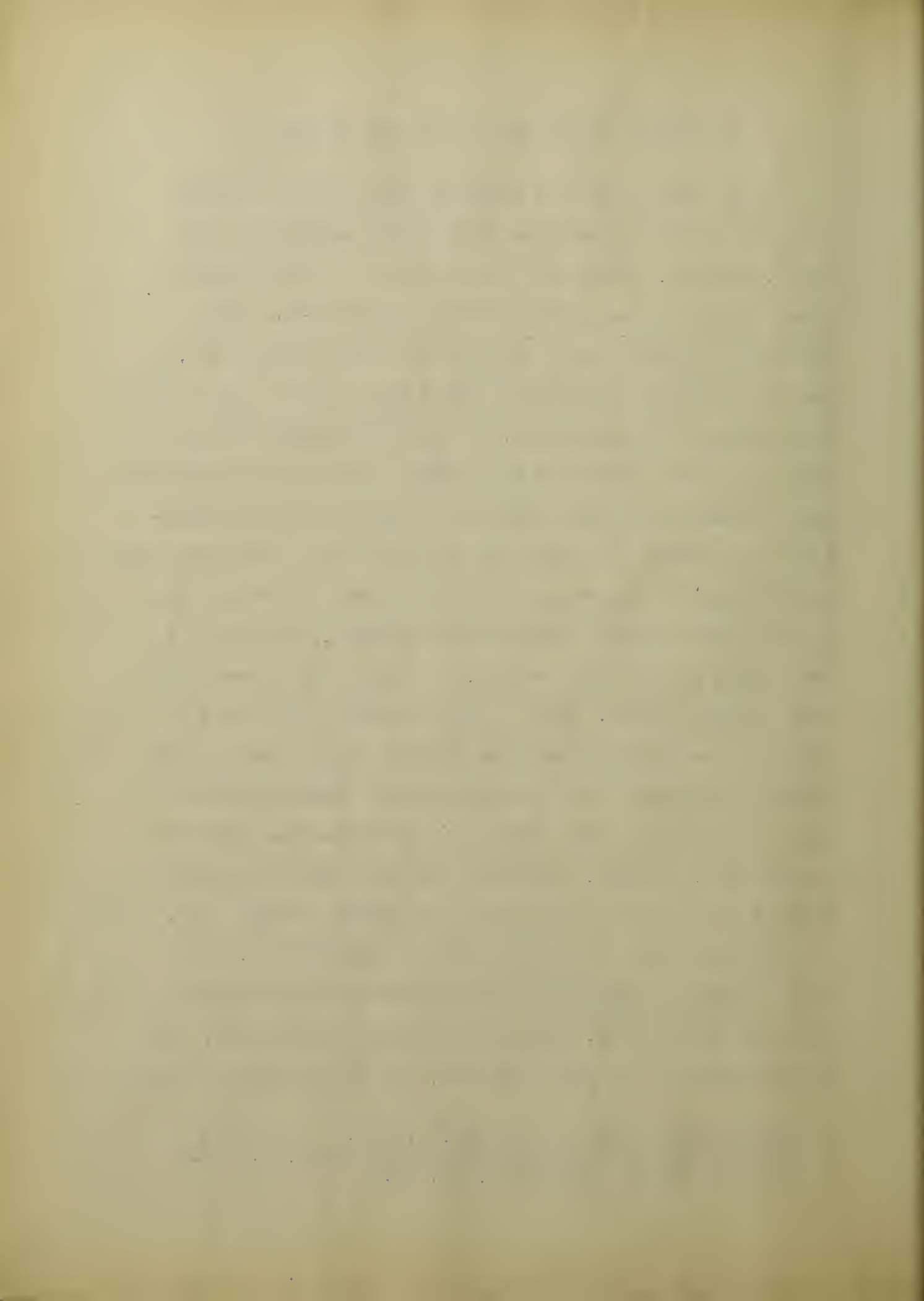
Dickens' descriptions of Sairey Gamp and Mrs. Patsy Piss in Martin Chuzzlewit<sup>3</sup> are illuminating and probably not much exaggerated. Mrs. Gamp was the night nurse. Her chief concerns were her "vittles", her black bottle - to see

1 Nightingale, Notes on Nursing, p. 103.

2 Dock and Stewart, Short History of Nursing, p. 103.

3 Dickens, Martin Chuzzlewit, ch. 25.





that it was kept well supplied -, and devising ways and means by which she could get a good night's sleep. She administered the patient's medicine by the simple process of clutching his windpipe to make him gasp and immediately pouring it down his throat. Forthwith she removed his pillow and settled herself for her night's nap. Betsy Prig's service was on a par. In the preface to the 1860 edition Dickens says:

"Mrs. Sarah Gamp was, four and twenty years ago, (i.e., 1844: the date *Martin Chuzzlewit* was originally published) a fair representation of the hired attendant on the poor in sickness. The Hospitals of London were, in many respects, noble Institutions; in others, very defective. I think it not the least among the instances of their mismanagement, that Mrs. Betsy Prig was a fair specimen of a Hospital Nurse; and that the Hospitals... should have left it to private humanity and enterprise to enter on an attempt to improve that class of persons - since greatly improved through the agency of good women."

### Florence Nightingale

One of these "good women" was Florence Nightingale. She had become interested in better care of the sick and had gone to Kaiserswerth and received a few months' training. In 1854 she went to the Crimea where the mortality in the British Army was greater from illness than from battle wounds. The record of her work there is well known. In 1859 she published a little book, Notes on Nursing, in the appendix of which she quoted the census figures referred to above and asks:





"Would not the true way of infusing the art of preserving its own health into the human race be to teach the female part of it in schools and hospitals both by practical teaching and simple experiments inasmuch as these may be called the theory of it?"<sup>1</sup>

She had a new vision for nursing and the dynamic personality which was to bring it about. When the British people in gratitude for her work presented her with a large sum of money, she founded the Nightingale School for Nurses at St. Thomas Hospital in London.<sup>2</sup> Instead of the paid workers, of very inferior type for the most part, there was a school with a definite course of study. Doer and Stewart<sup>3</sup> say that her intention for the school was not to provide nurses for the home, but to train women to go to other hospitals and there, in turn, organize, teach, and train. The school was opened in 1861, and within twenty-five years after the Nightingale School had been founded the old system of nursing in English hospitals of poorly paid, untrained women was almost entirely passed away. The women who took this course went out to all parts of the world, and the existing system in civil hospitals was revolutionized by the introduction into them of educated, trained, and refined women. One of the interesting things about this school was that its funds were, and always have been, kept separate from those of the hospital. This is an important factor, as we shall

1 Nightingale, *Notes on Nursing*, p. 108.

2 Doer and Stewart, *A Short History of Nursing*, p. 110.

3 *Ibid.*, p. 110.

# THE HISTORY OF THE CITY OF BOSTON

FROM THE FIRST SETTLEMENT  
TO THE PRESENT TIME  
BY  
JOSEPH NEALE  
OF BOSTON  
IN TWO VOLUMES  
VOL. I.  
BOSTON: PUBLISHED BY  
JOSEPH NEALE, 1825.

are in our discussion of the finances in schools of nursing today.

### Schools Established in the United States

At this period civil hospitals in the United States were similarly named by their workers. Many of the smaller hospitals, especially city hospitals, in this country began to be run along these lines. As late as in the middle of the last century it is known that one of the hospitals in our great cities - New York and Philadelphia - women who had been arrested for drunkenness were sent to the hospitals to work out their sentences.<sup>1</sup> There had been sporadic efforts at teaching poorer women nursing in connection with various hospitals, notably the Women's Hospital in Philadelphia which had been opened in connection with the Women's Medical College and the New England Hospital for Women and Children. It is interesting that some of these efforts were made by women physicians.<sup>2</sup>

The Civil War did much to center attention on the weariness of volunteer nursing. The American Medical Association had a Committee on the Training of Nurses which made a report in 1869, one of the conclusions of which was, "Nursing in its exact sense is as much an art as medicine."<sup>3</sup>

<sup>1</sup> Dost and Stewart, A Short History of Nursing, p. 155.

<sup>2</sup> Ibid., p. 151.

<sup>3</sup> Ibid., p. 152.





The first school in America to be established under the Nightingale system was at Bellevue Hospital in New York City in 1873.<sup>1</sup> Funds were raised for the school, and the committee responsible for the same asked a sister of one of the American Order in England to take charge. She had had some training in hospitals in England, and although she was not trained under the Nightingale system herself she was familiar with its plan. Gottman<sup>2</sup> states that according to early annual reports of the Training School for Nurses attached to the Bellevue, the objectives as set forth by the authorities were threefold:

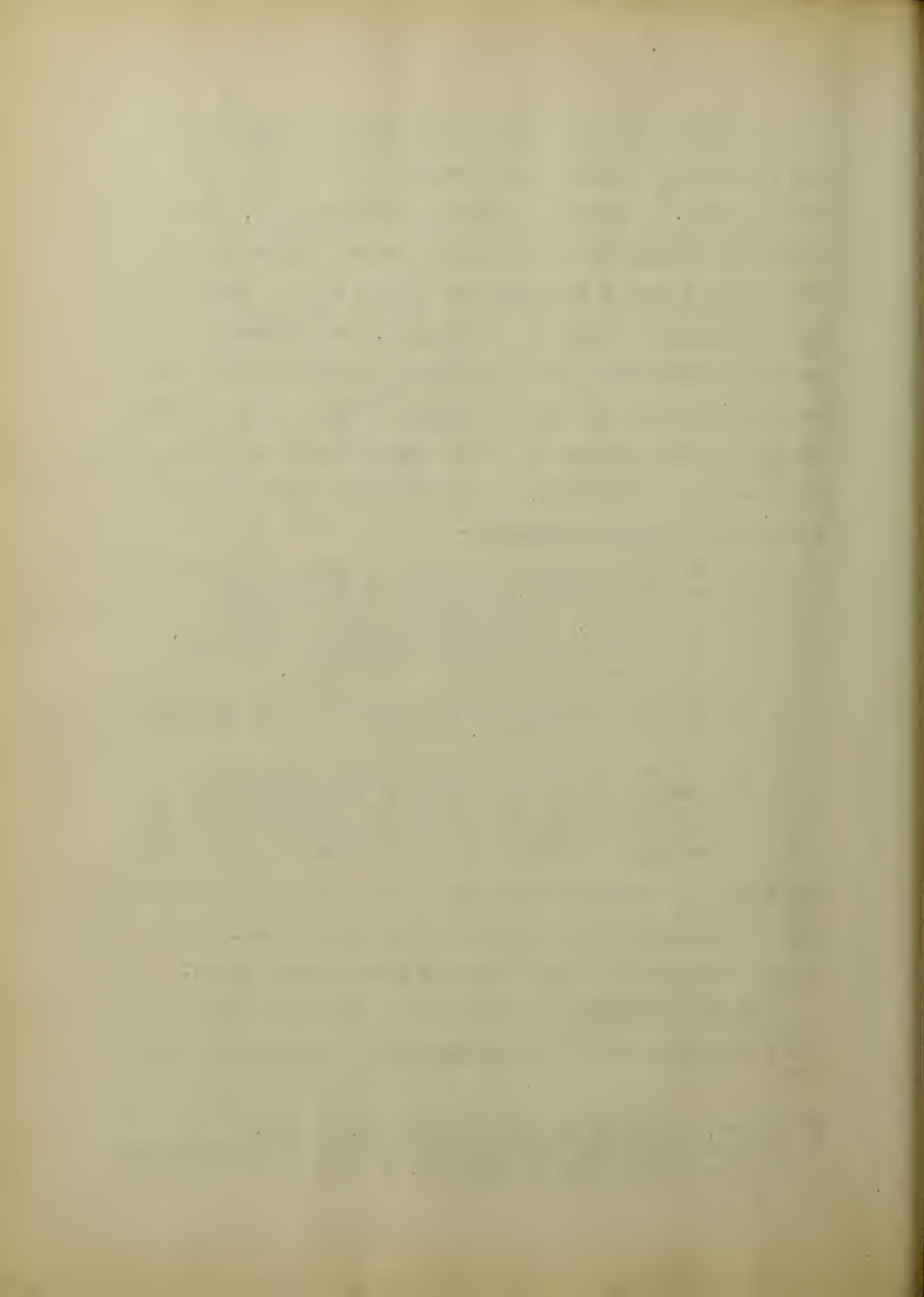
- 1) To train intelligent women to become skilled hospital nurses, under the supervision and instruction of physicians, whose standard of a nurse's duties would be exact and rigid, thus improving hospital nursing not only at Bellevue but throughout the country.
- 2) To train nurses for the proper care of the sick in private families.
- 3) To send nurses to the sick poor in their own homes, choosing for this object those whose Christian character, tact and sympathy would fit them to be associated with the Bible-women now attached to many of our churches."

While this is a municipal hospital the school of nursing is still controlled by an outside committee of women, and the school is partially supported from the original funds.

Shortly afterwards two other schools were opened on the Nightingale plan - the Connecticut Training School in

1 Gayer, A General History of Nursing, p. 117.

2 Gottman, What Considerations Should Influence a Hospital to Close its Nursing School? p. 1



the New Haven Hospital and the Boston Training School in the Massachusetts General Hospital, both in 1875.<sup>1</sup> They, like the Bellevue, were organized under a board separate from the hospital board. The Bellevue School and the Connecticut Training School (now the Yale School of Nursing) have always kept this organization.

### Phenomenal Increase in Schools

Perhaps the outstanding way in which the history of nursing differs materially from the history of other professions is in the phenomenally rapid increase in schools and students. Hospitals saw in this new vocation for women a way to secure care for their patients and to promote a generally needed service. The authority for schools of nursing did not continue to be delegated to a separate board, but passed into the hands of the hospital board.

In 1875 there were only 661 hospitals in the United States. Since the beginning of the 20th century there have been nearly 500 hospitals established for each year even with allowance for those founded and closed during the years 1901 and 1928, and, in addition, hospitals have tended to expand and improve their facilities.<sup>2</sup> In 1930 there were 6,852 registered hospitals. Concurrent with this growth there has been a like growth in schools of nursing. The

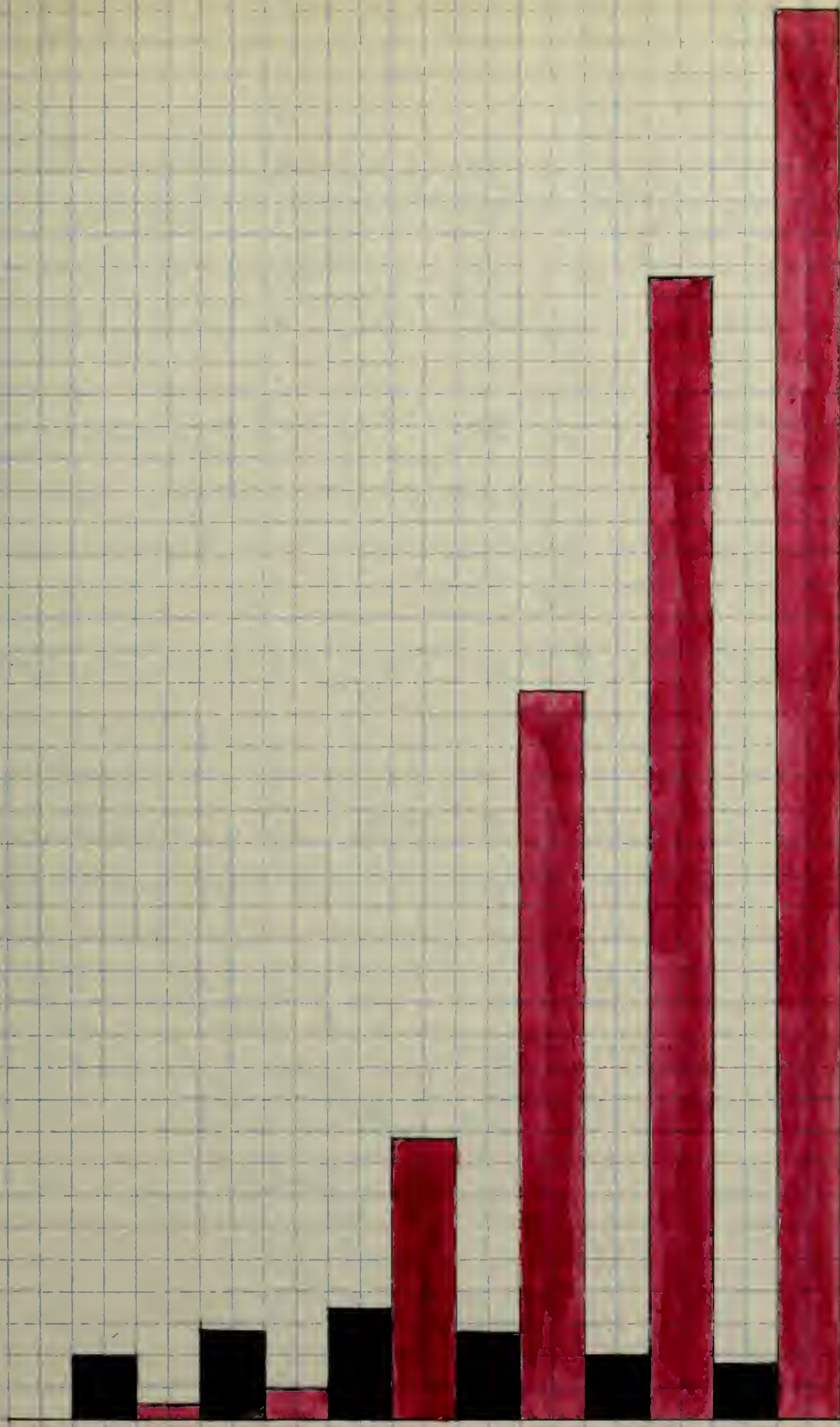
1. Gilmer, A General History of Nursing, p. 157.

2. Parer, Capital Investment in Hospitals, p. 9.





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Medical School



Nursing School

1880	1890	1900	1910	1920	1930
100	133	160	131	85	76
15	35	432	1129	1775	2205

Diagram I Growth of medical schools and nursing  
Schools for the period 1880 - 1930



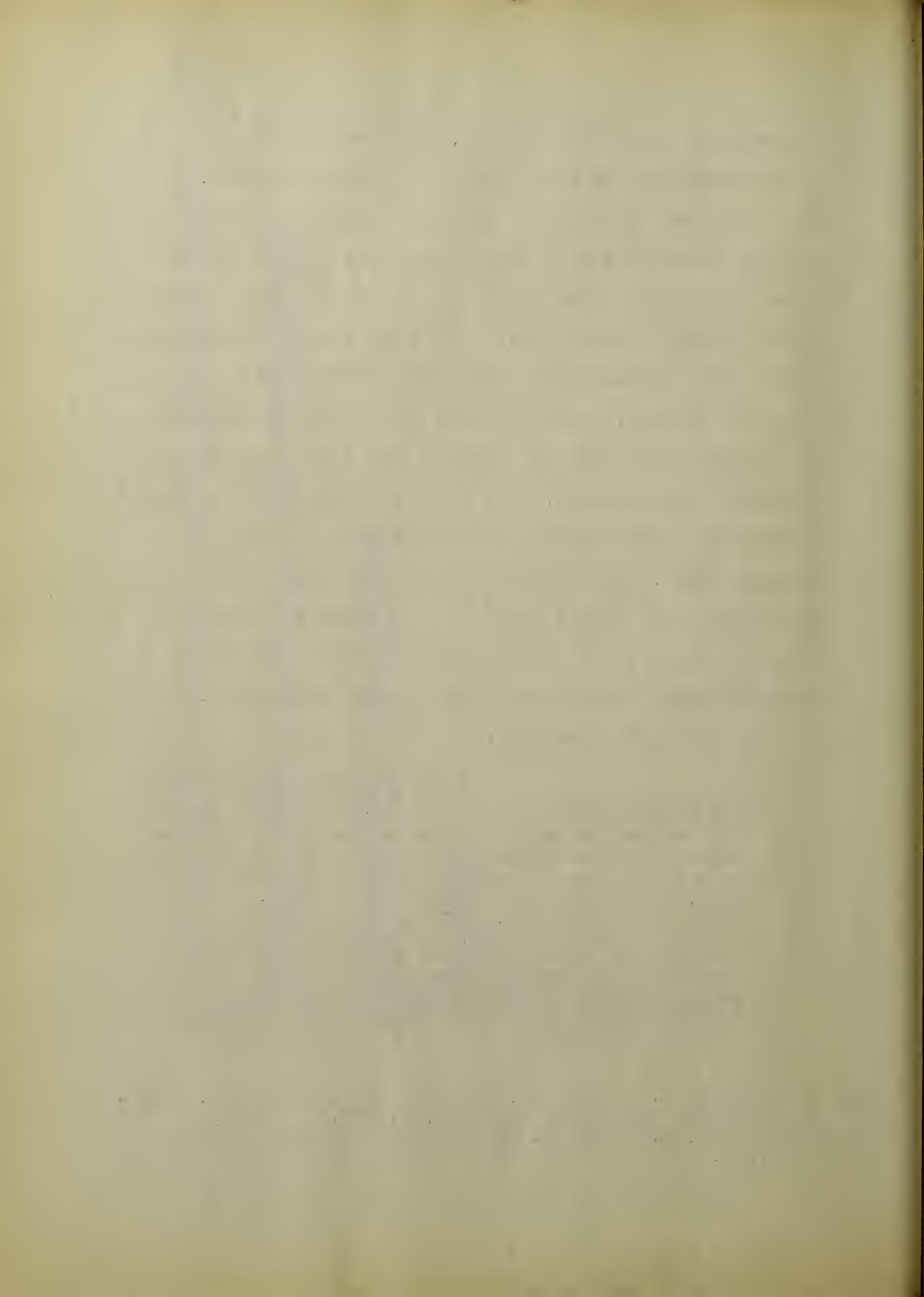


accompanying graph (Diagram I), based on figures obtained by the Committee on the Grading of Nursing Schools<sup>1</sup>, shows the phenomenal increase in schools of nursing from 1875 to 1925 as contrasted with medical schools. The great increase in schools after 1900 was due to the rapid growth in the number of hospitals. Although in a little less than three years approximately one hundred hospitals have given up their schools, recent figures (1928) from the Committee on the Grading of Nursing Schools show that the number of students has increased. The first medical school in this country was established in 1765 at the University of Pennsylvania<sup>2</sup>, and until 1800 there were only five medical schools in the country. One notes by reference to the diagram the effect of the nation-wide surge of medical schools which took place shortly after 1800.

As Burgess<sup>3</sup> points out:

"A growing recognition on the part of the medical profession and the general public that good nursing was necessary to make medical care effective led to an increasing use of trained nurses. An increasing desire for ease on the part of a luxury-loving public helped to increase the demand, especially for private duty nurses. Hospitals gained in popularity, large private pavilions arose in connection with them, and in addition many small institutions were organized wholly for the nursing patient. The need for special duty nurses on the part of doctors and patients thus grew. This had its definite effect on the number of nurses trained

1. Burgess, H. A., Nurses, Patients and Pocketbooks, p. 36.
2. Garrison, History of Medicine, p. 377.
3. Burgess, B. C. et al., International Aspects of Nursing, p. 65.





red on the educational qualifications for entrance. It also led to an abuse, that of allowing private patients to employ student nurses for special duty, the hospital sending its students into the homes of patients in the community and being paid for such service."

In 1960 there were 3,486 graduate nurses in the country; ten years later there were 8,140. During the years of the War and shortly thereafter there was a constant cry that there was a shortage of nurses. In 1966 a study made by the Committee on the Grading of Nursing Schools revealed that the supply of nurses was increasing far more rapidly than was the general population. There was much unemployment among private duty nurses, and there had been for one year past. According to the study the average private duty nurse worked seven months a year, or 210 days, and the median salary was \$1,297 and the average \$1,711.<sup>1</sup> It is said that a profession should furnish 300 days of paid employment<sup>2</sup> per year for its members. At the time the study was made, one out of every 590 people in the United States was a graduate nurse.<sup>3</sup> Conditions are getting worse rather than better. According to the 1970 census there is now one trained or student nurse for every 416 people in the United States. This, of course, does not include the untrained nurses, of whom it is estimated there are over 150,000 in the country. In the period from

1 Burgess, M. A., Nurses, Patients and Pocketbooks, pp. 516, 504.

2 Burgess, M. A., More Census Figures - the Whole United States, p. 516.

3 Grading of Nursing Schools, Committee on, Nurses - Production, Education, Distribution and Pay, p. 14.



1920 to 1930 the population of the United States has increased 16%; the number of trained nurses has increased 97%.

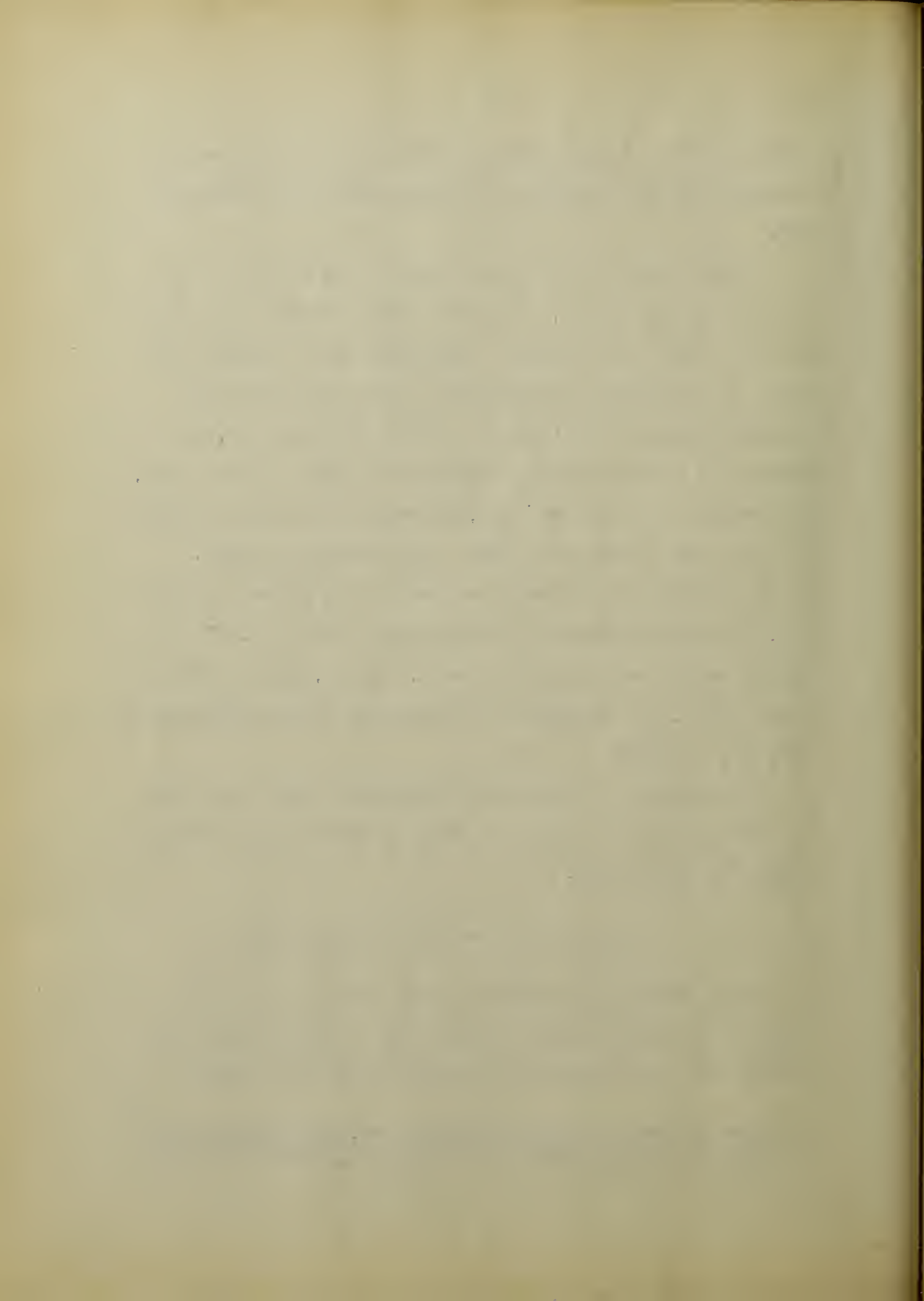
Similar data came to us from the Committee on the Costs of Medical Care, which has recently made its final report. One of the studies points out that whereas the ratio of physicians to population has been decreasing steadily and has declined from 173 to 146 per 100,000 members of the population between the years 1900 to 1922, the number of nurses per 100,000 population has increased in this period from 16 to 242, an increase of 1500%.<sup>1</sup> It is estimated that there are now in the United States 118,415 nurses engaged in private duty work, 18,907 in public health and industrial work, and 70,000 in institutional work, the respective percentages being approximately 56%, 9%, and 36%.

The report of the Grading Committee shows also that in some cases the quality of nursing service rendered may justly be challenged.

#### Growing Professional Consciousness

Soon after 1890 movements were set on foot which aroused the growing consciousness that standards must be set as for the guidance of nursing schools and their

<sup>1</sup> Costs of Medical Care, Committee on, The Economic Aspects of the Prevention and Care of Illness, ch. VII.



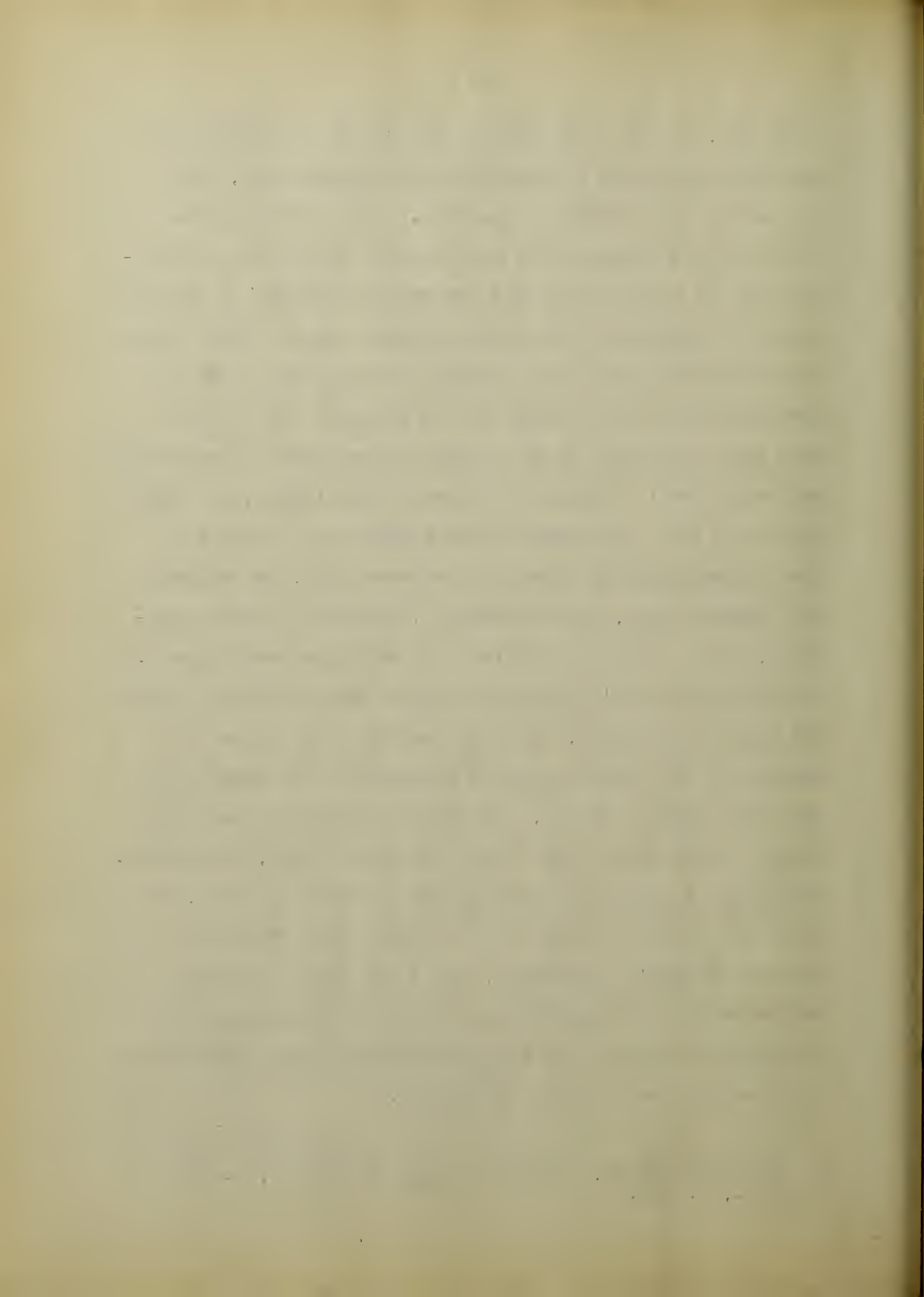


graduates. During the Chicago World's Fair in 1893 there was held a congress of hospitals and dispensaries, and one section was devoted to nursing. This gathering resulted in the formation of the American Society of Superintendents of Training Schools for Nurses composed of leading nurses in Canada and the United States. One of their first resolutions declared their purpose to encourage alumnae associations in all schools in the country. Up to that time there were only three alumnae associations in existence - Bellevue (1889), Illinois Training School (1891), and Johns Hopkins (1893). Its members set themselves against the use of undergraduate nurses for private duty, and worked for shorter hours, better teaching, improved living conditions, and a reasonable minimum for entrance requirements.<sup>1</sup>

In 1896 the Nurses' Associated Alumnae of the United States and Canada was formed, but when the organization was incorporated the Canadian nurses withdrew. This association grew with great rapidity, and became in 1911 the American Nurses' Association which today number over 100,000 members. The American Journal of Nursing was organized in 1900, and while its stock was first held by individual members of the American Nurses' Association, it is now wholly owned and controlled by the Association. It has been a great force in the development of nursing education in this country and in promoting professional solidarity.<sup>2</sup>

<sup>1</sup> Deek and Stewart, A Short History of Nursing, p. 163.

<sup>2</sup> Ibid., p. 173.



### State Registration

Another important step was the movement to secure legal protection for professional standards, and the first public statement on this subject was made in 1890 by Sophia Palmer in a paper read before the New York State Registration of Women's Clubs in which she proposed the plan for state legislation and an examining board selected from among nurses.<sup>1</sup> Nurses have succeeded in having a regulation regarding the practice of nursing written into the statutes of practically every state in the Union. It is true, however, that some of these are very weak. The principle of an examining board composed of nurses has been generally accepted, although there are some states in which there is no such provision. In Massachusetts the board is composed of five members, three of whom are nurses.<sup>2</sup>

### Post Graduate Course at Teachers College

In 1898 Isabel Hampton Robb, who was the first president of the Society of Superintendents, presented a paper on the need for securing special training for nurses who wish to prepare themselves as heads of nursing schools or for the teaching of nursing. A committee was appointed to this end. The members approached Dean (James B.) Russell of Teachers College, Columbia University, who agreed to

<sup>1</sup> Dyer and Stearns, A Short History of Nursing, p. 169.

<sup>2</sup> Massachusetts, Commonwealth of, The Law Governing the Registration of Nurses, p. 1.



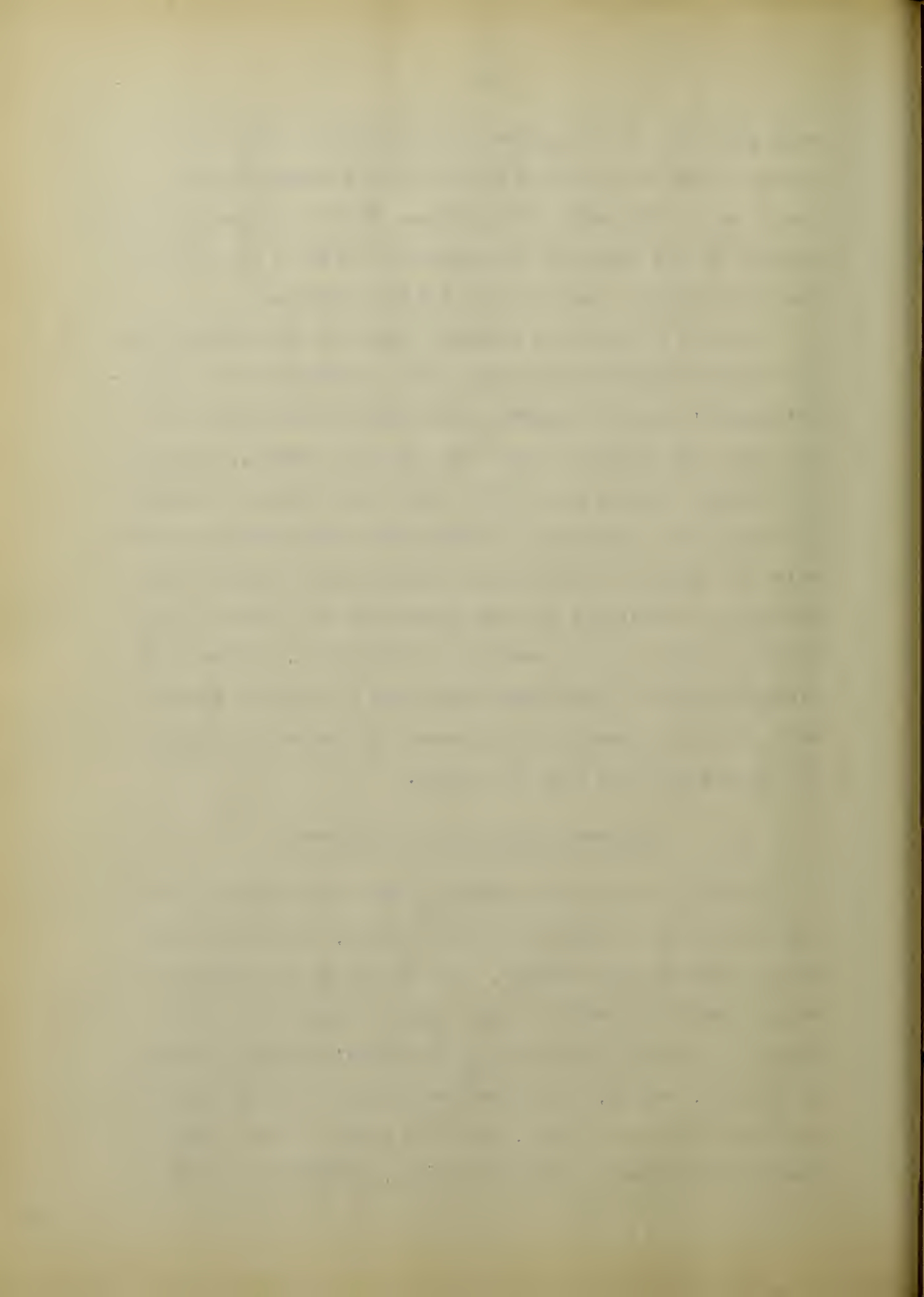


open the doors of the college to qualified nurses and to place at their disposal whatever courses seemed to fit their needs. The only condition was that the Superintendent's Society should supply and maintain the special courses dealing with hospital and training school practice.

In 1872 a course in hospital economics was opened with two students forming the first class. Members of the Superintendent's Society commuted from their respective cities at their own expense to give the special courses. In 1897 H. Adelaide Nutting was called from Johns Hopkins Hospital to establish a department of household administration under which the division of hospital economics was placed. Miss Nutting was appointed to a professorship and was the first nurse to occupy such a chair in a university. Since that time the work has developed until what is now the Department of Nursing Education has become an educational center for nurses from all over the world.

#### Improved Educational Standards

We see in the period 1895 to 1900 the beginning of the transition from an apprenticeship system, into which many of the schools had reverted, to a school or an educational basis. Definite attempts were made to construct a curriculum. In the Bulletin of the Children's Hospital School of Nursing, Boston, for those years there are definitely outlined courses of study, with the names of such committees as Committee on Course of Study, Committee on Train-



ing School, Committee on General Education and Physical Training, and Committee on Building.

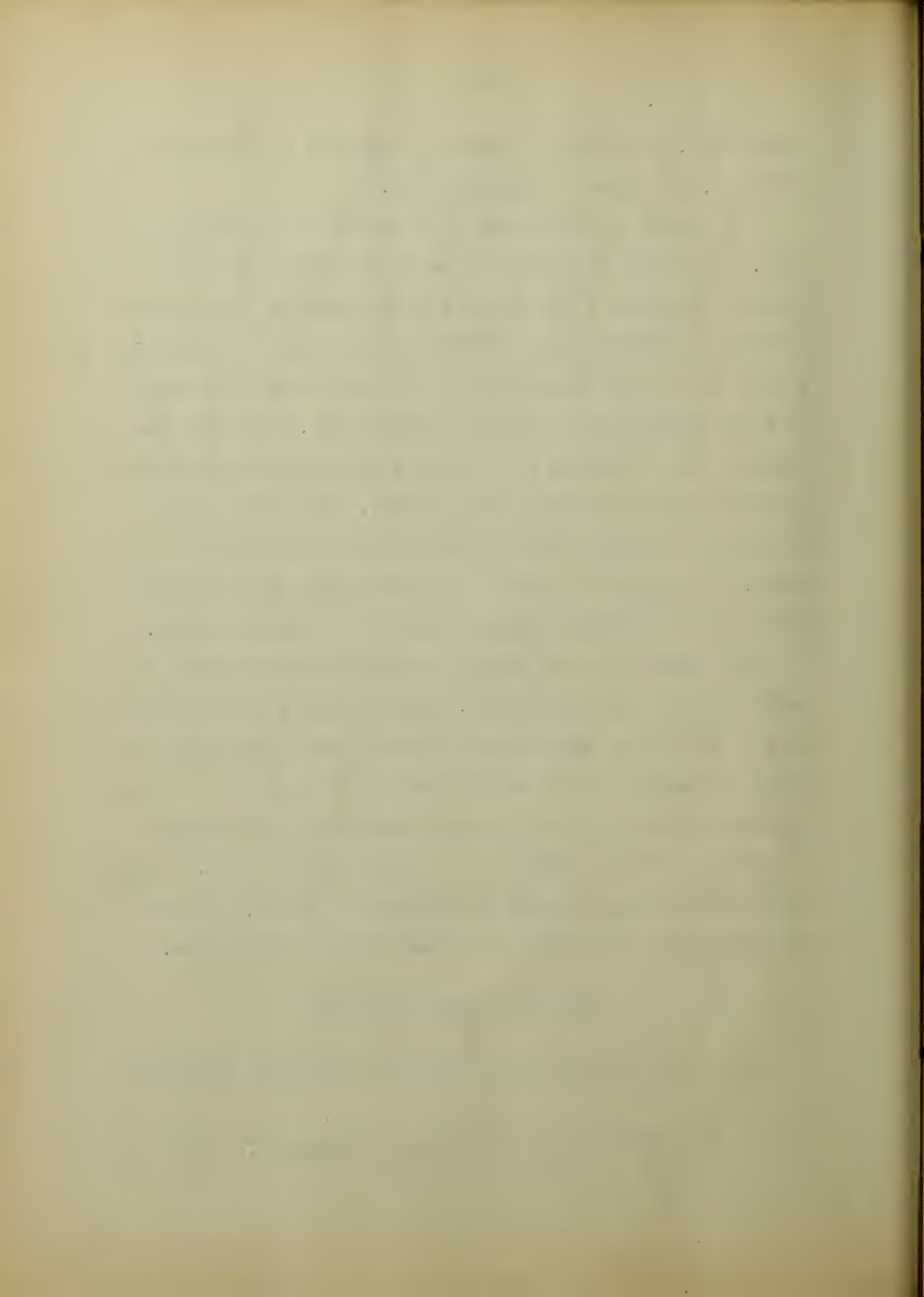
The International Council of Nurses was organized in 1893. Both this organization and the National League of Nursing Education (now adopted by the Society of Superintendents in 1912) have a Committee on Education whose chief purpose is to set standards to help nursing schools build on their educational work on a sound basis. In 1917 the League first published a curriculum which gives suggestions for the course in theory and practice. The curricula in the several states are modeled more or less on this curriculum. The League has been the great force behind practically all progress in nursing education in this country.

For many years the nursing schools were dependent on texts prepared for physicians. Many of the lectures which were given by the physicians to nurses were simply diluted forms of lectures prepared for medical students. The first American textbook for nurses was a manual on the practice of nursing by Clara Weeks and was published in 1865.<sup>1</sup> There are now many texts written for nurses by nurses, so that the profession has built up its own body of literature.

#### University Relationships

The first attempt of a school of nursing to establish

1. Dock and Stewart, A Short History of Nursing, p. 173.





A university relationship was in 1893 at the Glasgow Infirmary in Scotland when arrangements were made for students to attend St. Mungers College for a short course of theoretical instruction.<sup>1</sup> One of the earliest attempts in this country was the taking over of the John Gully Hospital in Galveston by the University of Texas in 1907.<sup>2</sup> The nursing school was recognized as one of the regular schools of the medical department. Unfortunately neither students nor staff were required to meet university standards.

In 1904 Simmons College established a four month course in preparation for nursing at the request of the Children's Hospital School of Nursing. Later the Massachusetts General Hospital School of Nursing entered into the plan but continued only for a short time. The Children's Hospital still continues to require all its students to complete this semester of work before being accepted into the school. The first full course on a university basis came in 1909 at the University of Minnesota.

Following a survey of nursing education by the Rockefeller Foundation in 1921, two endowed university schools of nursing were started, one of which was at Yale University with the New Haven Hospital as the practice field. It was to be in the nature of an experiment, the finances

1 Dock and Stewart, A Short History of Nursing, p. 176.

2 Ibid., p. 175.



being provided for five years by the Rockefeller Foundation and was to put into practice the recommendations arising out of the so-called Winslow-Goldman Report\* of the results of the survey. In 1922 the school was definitely accepted as a part of the university, and its permanence insured by an endowment of one million dollars by the Rockefeller Foundation.<sup>1</sup> The second school was established at Western Reserve University and endowed by Mrs. Chester Bolton. The Rockefeller Foundation also gave an appropriation to Vanderbilt University for a school of nursing. In February 1923 the Board of Trust of the university voted that the school of nursing should be an independent school of nursing of university rank.<sup>2</sup>

Some of the schools of nursing have a five-year program in connection with a university or college, two years being spent in the university, two years in the hospital, and the fifth year in the university. At the end of the five years the student receives her diploma from the school of nursing and bachelor degree from the college or university. Such a plan is in force in Boston at Simmons College with the Massachusetts General, the Peter Bent Brigham and the Children's Hospitals.

At the present time nursing schools have connections

\* Nursing and Nursing Education in the United States

1 Goodrich, The Social and Ethical Significance of Nursing, p. 327.

2 American Journal of Nursing, Reorganization at Vanderbilt University School of Nursing, p. 727.



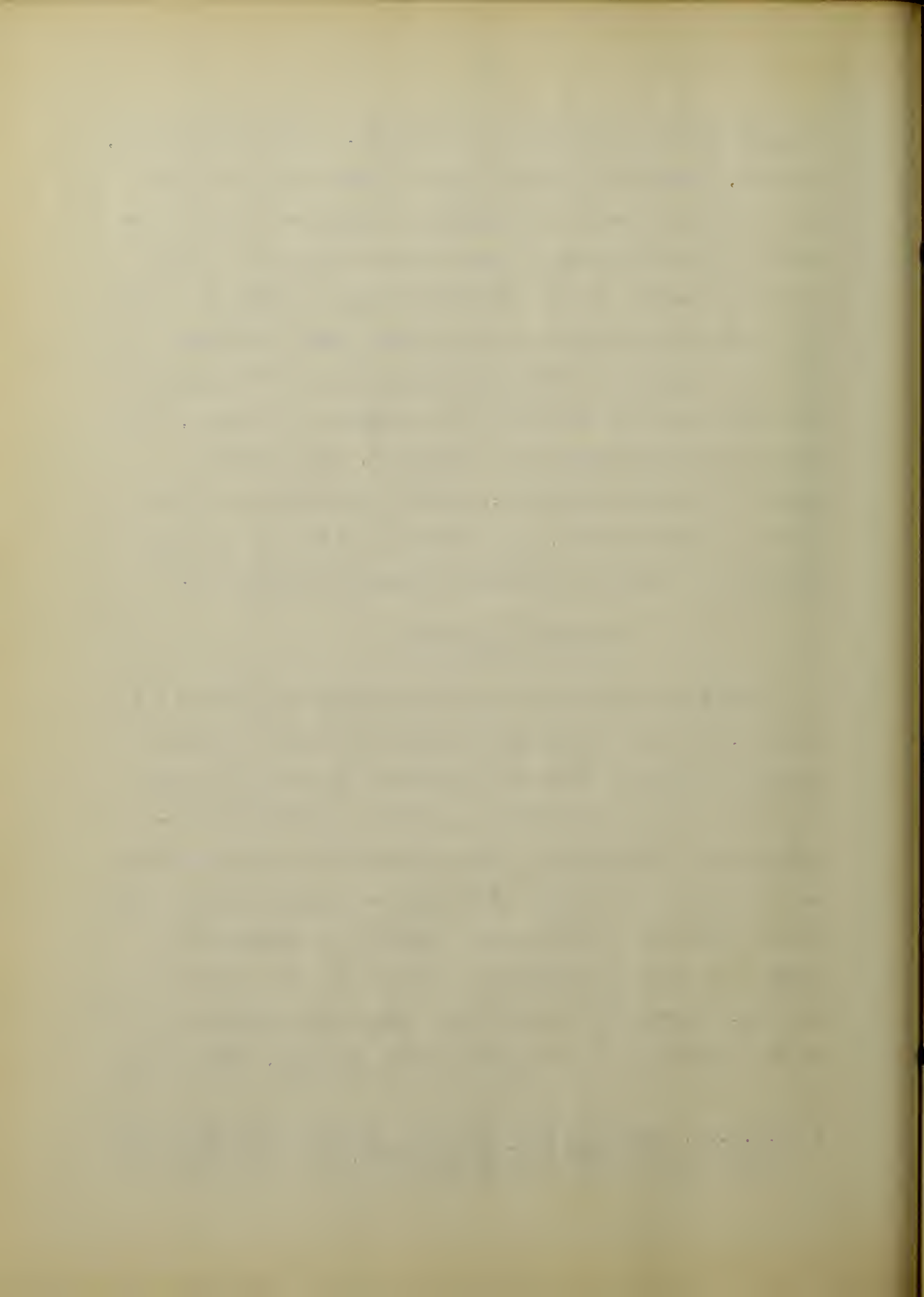


with about 13 universities and colleges. These connections, however, present the entire gamut of educational co-operation from the use of a classroom or laboratory or the provision for instruction in one or more subjects to a fully recognized school in the university group. While it is true that some of the schools have a rather loose connection with the college or university and while many of them have not met university standards for students and faculty, the trend is towards meeting all standards. The National League of Nursing Education, through its Committee on Colleges and Universities, has formulated standards for those schools which desire to obtain university recognition.<sup>1</sup>

#### Changing Objectives

Since the opening of the first nursing school in this country, the whole field of preventive medicine has advanced; medical science has advanced and also it there has come a like advancement in nursing. Scientific discoveries have brought new responsibilities to the physician and in turn to the nurse. The frontiers of nursing are constantly advancing, because the frontiers of medicine are advancing. Mental hygiene has entered into all phases of nursing. Preventive medicine has placed new responsibilities on the community for community health programs, since it is

<sup>1</sup> N.E.N.E., Tentative Standards for Schools of Nursing Connected with Colleges or Universities. p. 861-870.



they cannot meet without the co-operation of the nurse. We must turn then from a narrow conception of a nurse as one who possesses merely manual skill to a new conception of the nurse with certain knowledge and skills which the hospital trained nurse had not hitherto possessed.

Professor Winslow in an address on The Role of the Visiting Nurse in the Campaign for Public Health<sup>1</sup> says:

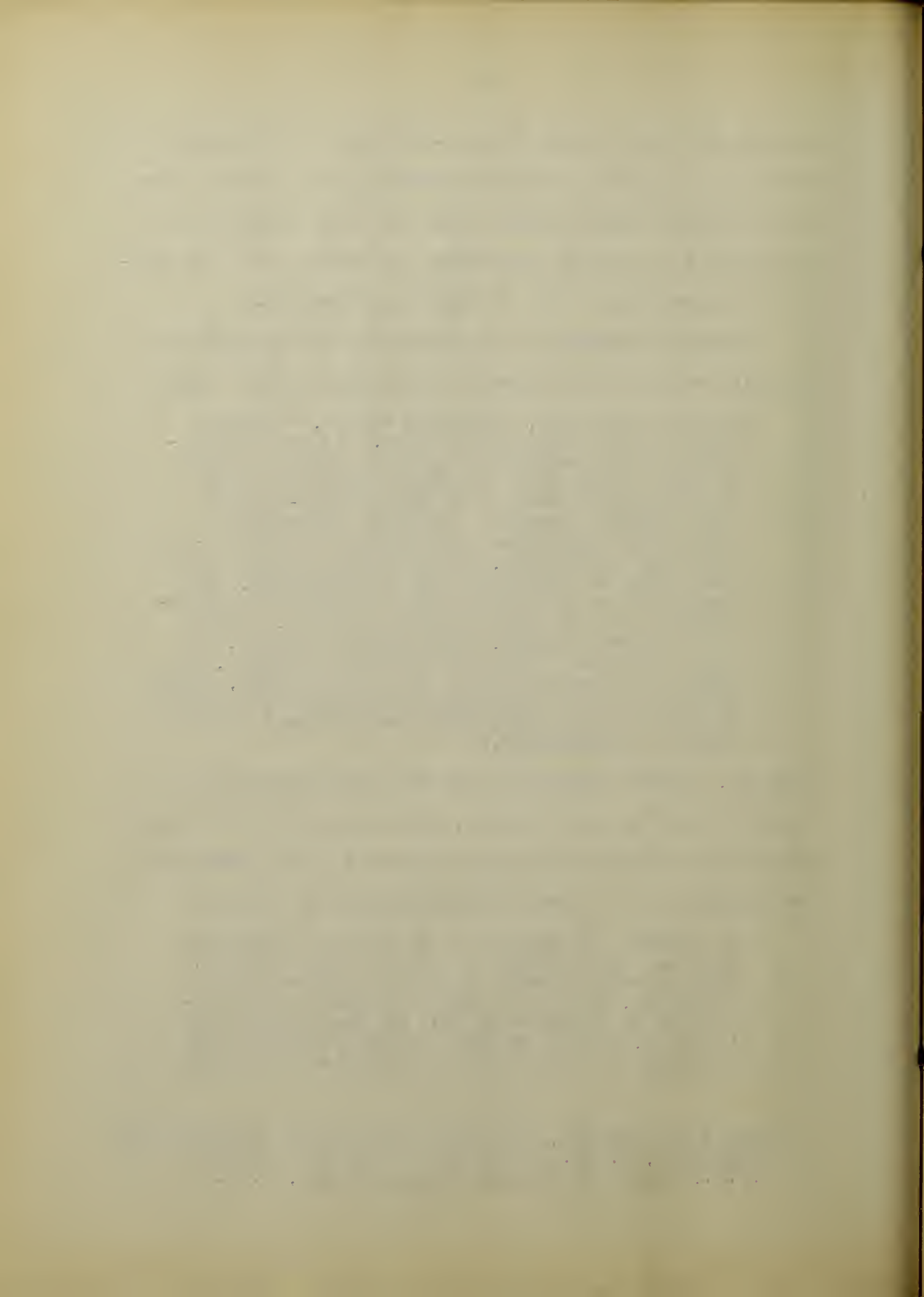
"All this requires, obviously enough, a highly trained and specialized expert. I have no knowledge of the requisites for sick nursing but it is quite clear that in public health work the visiting nurse must be no empirically-trained under bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special application in the field of her own work, whether it be school nursing, tuberculosis nursing, or infant hygiene. She must know these things, not merely as a practitioner, but as a teacher, which means not only a knowledge of details but a vision of their right relationship and a talent for effective presentation."

What Dr. Winslow emphasizes for the visiting nurse is equally true for other nurses, and we may now turn to the objectives of modern nursing as defined by the Committee on Education of the International Council of Nurses;<sup>2</sup>

"To broaden the conception of nursing service to include the nursing care of the whole patient, mind as well as body; attention to the whole environment, social as well as physical; the prevention of sickness as well as the bedside care of the sick, health service to families and to the community as well as to individuals. The basic

1 Quoted by Goodrich, The Social and Ethical Significance of Nursing, p. 34.

2 I.C.N., Report of Committee on Education, p. 8.





course should give a sound foundation for general nursing practice in any of the main fields of nursing. Specialization, including the teaching or supervision of other nurses, presupposes advanced experience and preparation beyond the basic course."

The committee further states that the essential elements in a program for nursing education are:

"The fundamental scientific principles which guide nursing practice; the technical and social skills which constitute the art of nursing; the humanitarian and professional ideals which determine the spirit and attitude of the nurse. These elements must be balanced that none is subordinated. They must be correlated in theoretical and practical work."<sup>1</sup>

#### Professional Self-Criticism

We may characterize the present period in nursing as a self-critical period. In 1911 the Education Committee of the National League of Nursing Education applied to the Carnegie Foundation for a survey of schools of nursing, but the request was not granted. In 1931, however, the Rockefeller Foundation financed a survey of conditions in nursing and nursing education in the United States, the work being under the direction of Josephine Goldmark, and the committee in charge, with Dr. C.-E. A. Winslow as chairman, included representatives from medical, hospital, and public health associations as well as the lay group. The report, based on a survey of a selected group of schools administered by hospitals of recognized stand-

1 I.C.N., Report of Committee on Education, p. 15.

THE

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ing, revealed the deleterious effect on nursing of neglecting the education of students to hospital needs. It stressed the need for higher educational standards<sup>1</sup>, the advantage of university connection<sup>2</sup>, and the need for endowment for schools of nursing.<sup>3</sup> As we have already indicated, the schools at Yale and Western Reserve were established as a direct result of the recommendations of the report. While the Rockefeller survey included only 28 schools it was very valuable, and as later developments have proved its findings were representative of the conditions throughout the country.

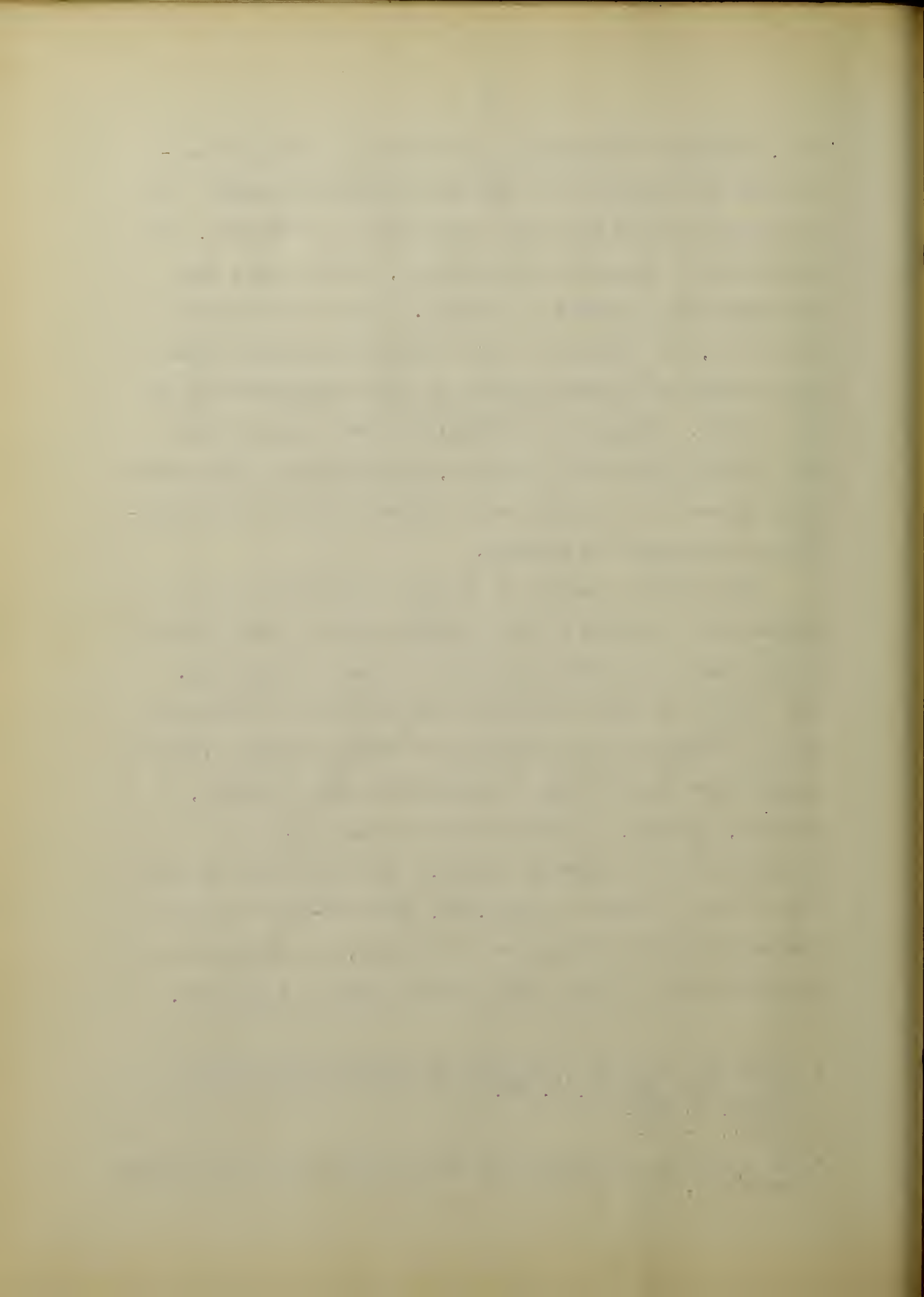
The National League of Nursing Education still believed that a survey of all schools should be made which would lead to an actual grading of schools of nursing. Its efforts in this direction gave rise to the formation of the Committee on the Grading of Nursing Schools (1926) composed of men and women representing some hospital, medical, nursing, or public health organization or selected from the general public.\* The committee started its work on a budget of \$200,000, over one-half of which represents gifts from individual nurses. It was organized for five years but the study was extended by two years.

1 Winslow - Goldberg, Nursing and Nursing Education in the United States, p. 21.

2 Ibid., p. 485.

3 Ibid., p. 30.

\* See Appendix for members and the organizations which they represent.

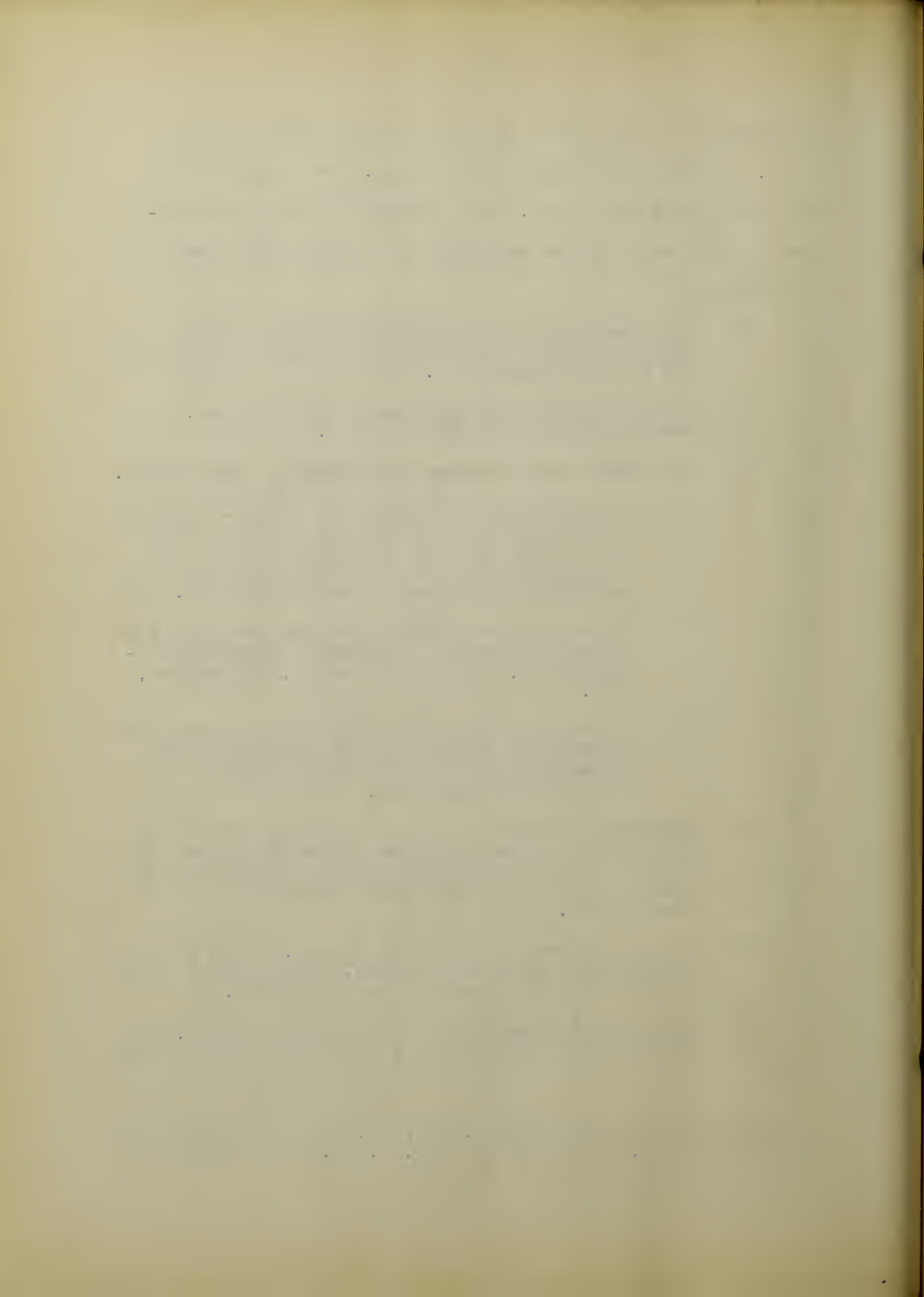




The committee has made a study of the economics of nursing, as well as two national surveys. The final report will be issued this year. The findings<sup>1</sup> of this committee in its study of the economics of nursing are summarized as follows:

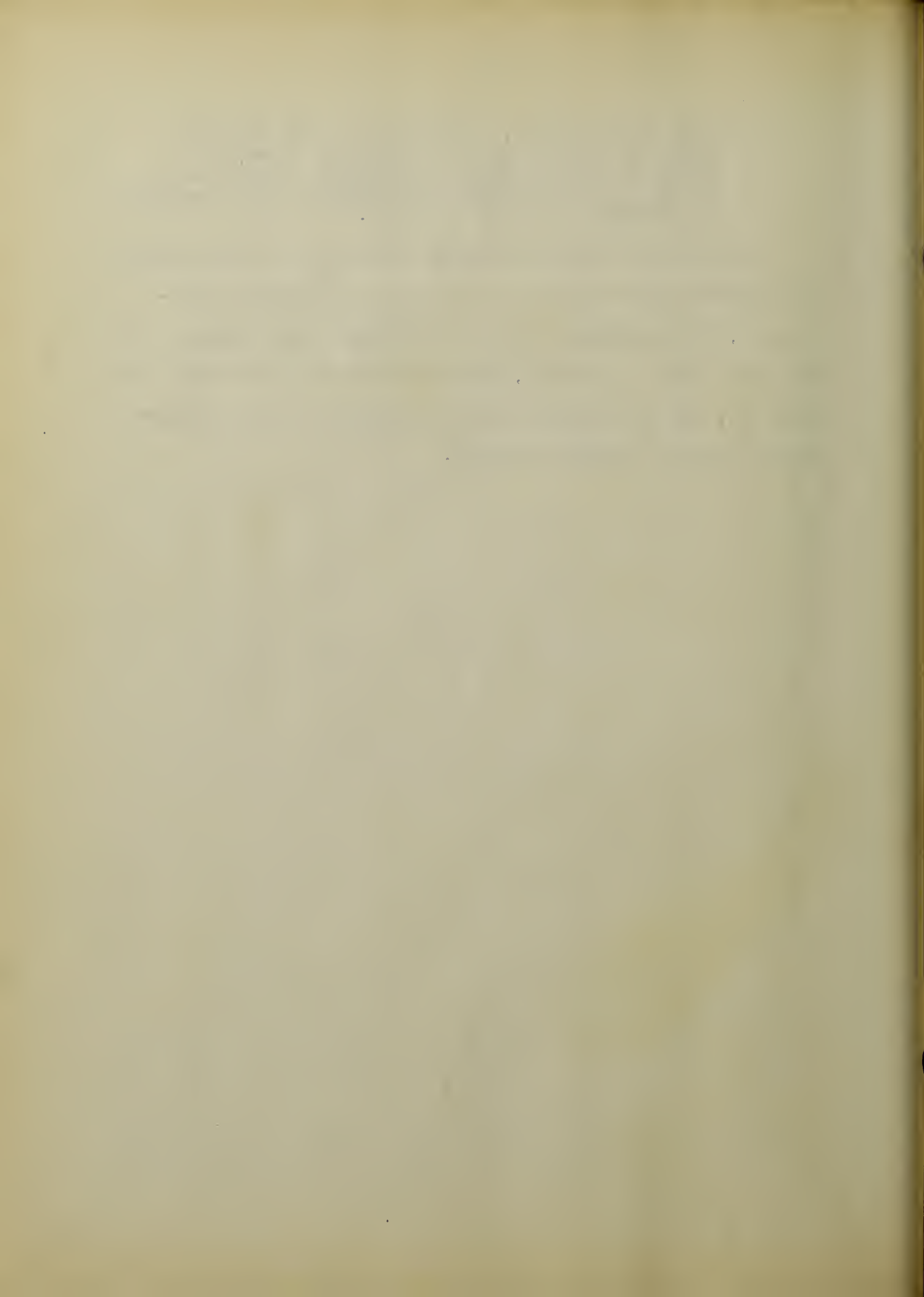
- "1) The supply of active graduate nurses in the United States is increasing far more rapidly than the general population.
- "2) There is serious unemployment among nurses. This unemployment grows worse yearly.
- "3) Yet there are shortages of nurses in some fields.
  - a) Geographic distribution is uneven. Nurses tend to live in cities and avoid the country. They are apt to be found near good hospitals, and not apt to be found in regions where hospital facilities are lacking.
  - b) There is a scarcity of nurses properly prepared for nursing in certain specialties - as mental, contagious, heart, obstetrics, etc.
  - c) There is a shortage of nurses who have had systematic preparation for executive and teaching positions in institutional or public health nursing.
- "4) Earnings of nurses are low. They are lower in private duty than in either of the other two main fields. In private duty there is practically no opportunity for professional advancement or increased pay.
- "5) Physicians want intelligent nurses. They prefer graduates to practical nurses. They prefer well trained nurses to poorly trained nurses.
- "6) Educational standards in training are rising, but educational standards in the community are sinking.

1 Grading of Nursing Schools, Vol. 50, Nurses - Graduation, Distribution, Education and Pay, p. 92.



made many rapidly. If nursing is to enter at  
 some of the so-called professional type, it  
 must set its educational standards high enough  
 so that it can compete for students with the other  
 professions for once to come."

The present trend in nursing education in this country  
 is towards closer alliance with other educational insti-  
 tutions, the provision for good fundamental courses in the  
 sciences, basic to nursing, better correlation of theory and  
 practice, and the building of a curriculum of much broader  
 scope than has hitherto existed.





## II

## Survey of Present Status of Nursing Education

We have discussed some of the stages through which nursing education has gone during the past seventy years, as well as indicated some of the present trends among high grade schools of nursing. A profession would indeed be fortunate if all the schools which prepared for it were of equally high grade. Such is not the case, and we believe the evidence is sufficiently strong to indicate that some curtailment in schools of nursing is necessary. This belief is based on the facts which show that there is a serious over-production of nurses and that many of the schools which produce these nurses exist primarily for service rather than for education. We shall present certain data about schools of nursing in the United States and attempt in some instances to appraise their educational significance. We shall refer also to standards which have already been advocated by organizations more or less closely allied with nursing. Data have been obtained from the published reports of the first survey of the Committee on the Grading of Nursing Schools, as well as from the second survey which has not yet been published but has been made available to the writer. Where the data have been published they are documented by footnotes. Evidence not documented is from the data secured on the second survey, the results of which have not

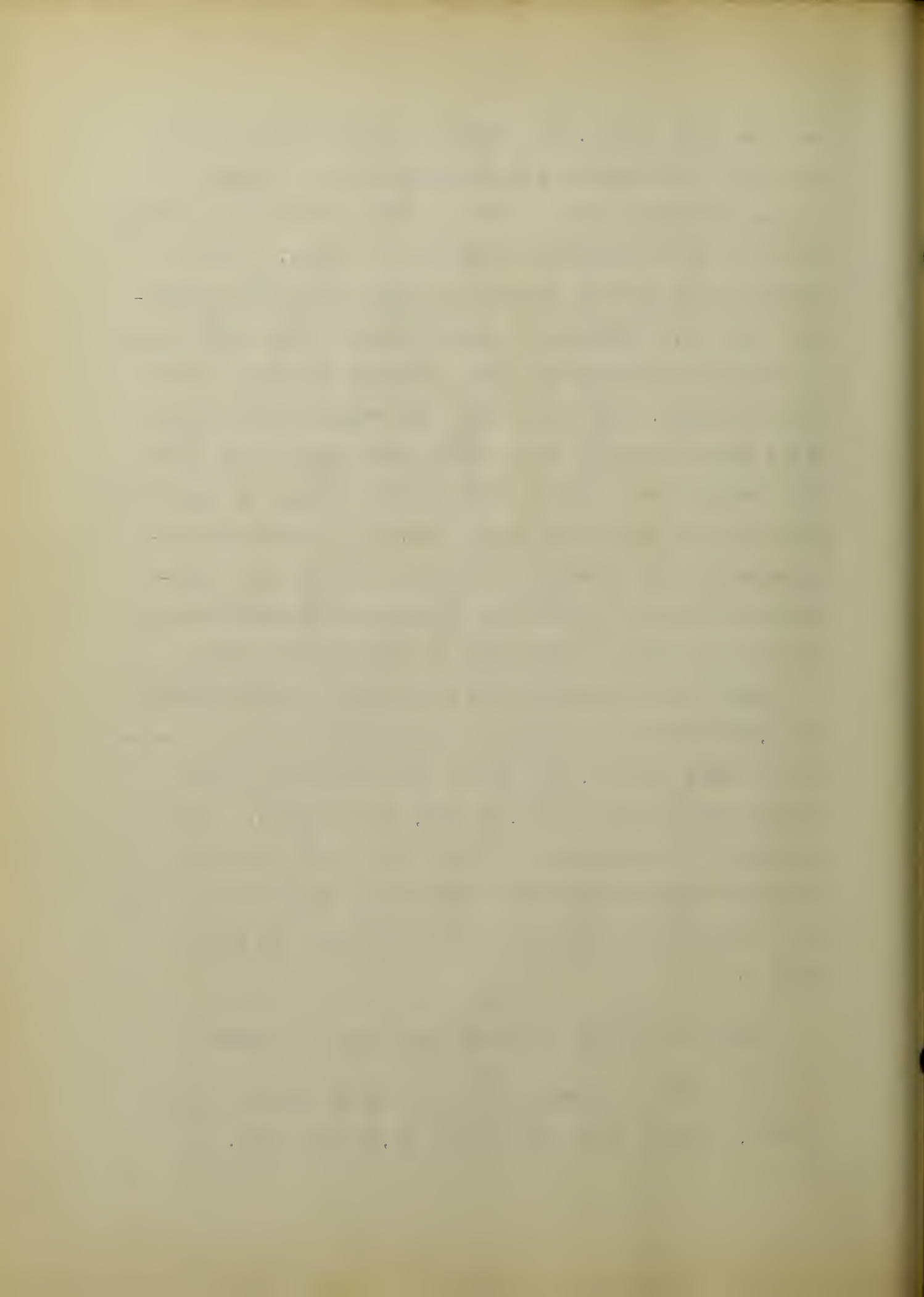


yet been made public. In addition to these data we shall also use that found in a publication of the National League of Nursing Education which gives certain information about the state accredited schools of nursing. The information for this publication is furnished by the individual schools. Information relative to the state requirements is furnished by the state board of nurse examiners in the various states. The use of the term "accredited" in this paper refers always to the schools which meet the minimum requirements set by law in the various states. In presenting this material we realize the limitations of the questionnaire method for obtaining reliable facts and its inadequacy in measuring some of the intangible qualities which are of real worth in evaluating an educational system.

When the first survey was made by the Grading Committee 1,327 schools, or 74% of the accredited schools of nursing in this country, took part. In the second survey returns from 1,345 schools, or 81%, were studied. The percentage is greater than in the first study as it is estimated that approximately one hundred accredited schools have closed in the interim between the first and second surveys..

#### Standards of Admission and Selection of Students

In the first survey which the Grading Committee made in 1927, records were received for 59,612 students. As





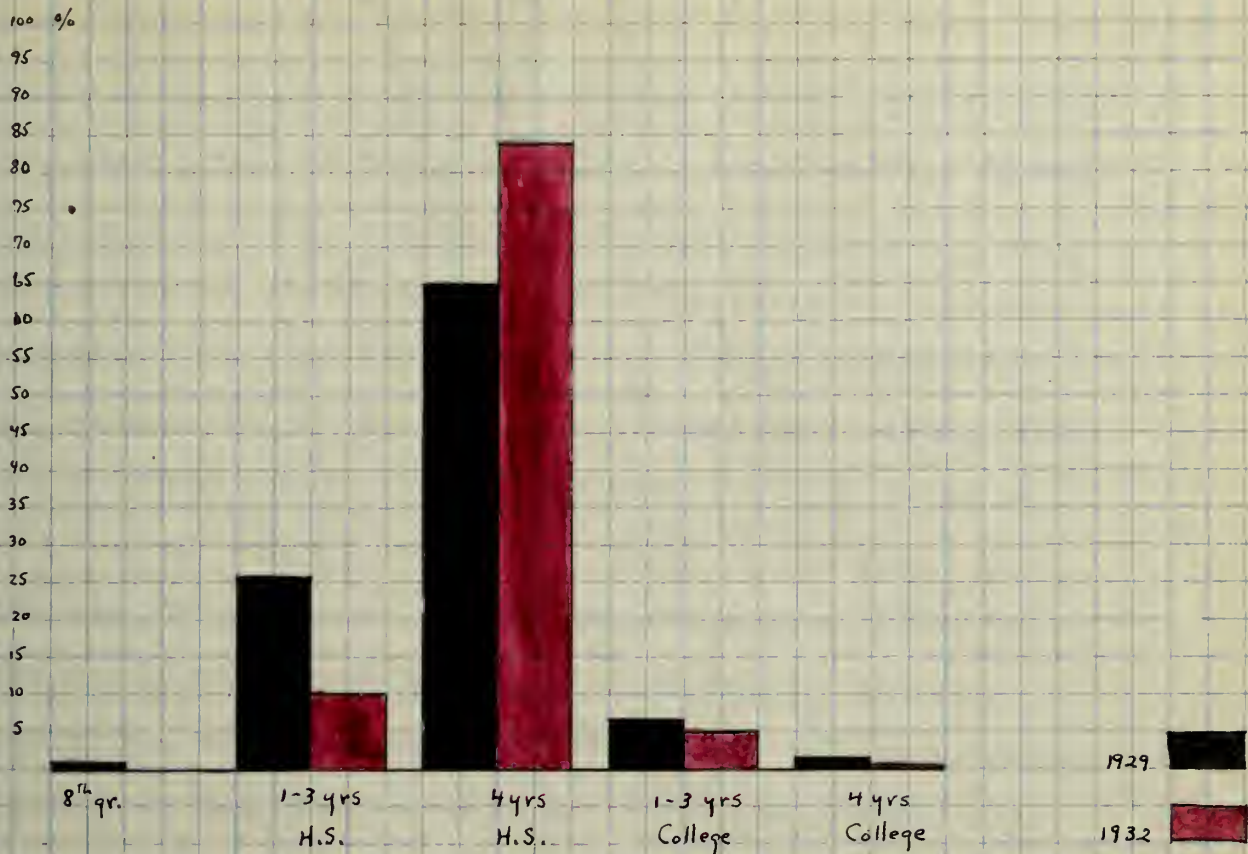


Diagram II The Educational Background of Students  
in Schools of Nursing  
Comparison is made between 1929 and 1932

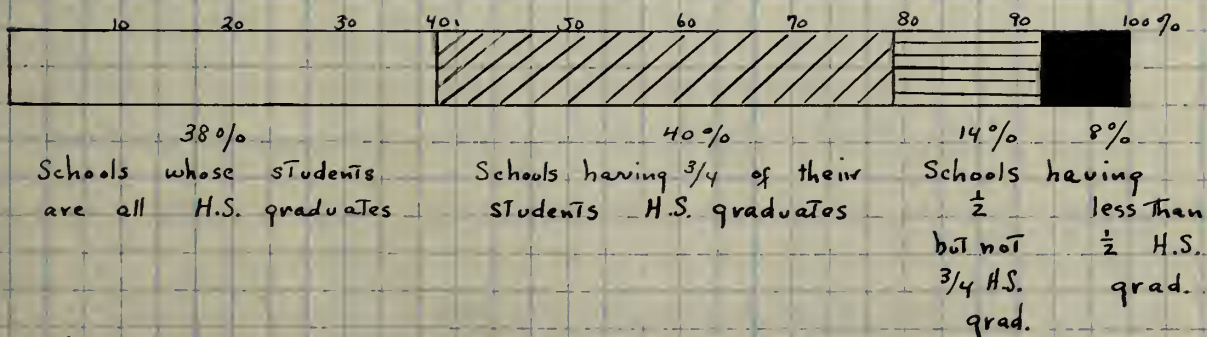
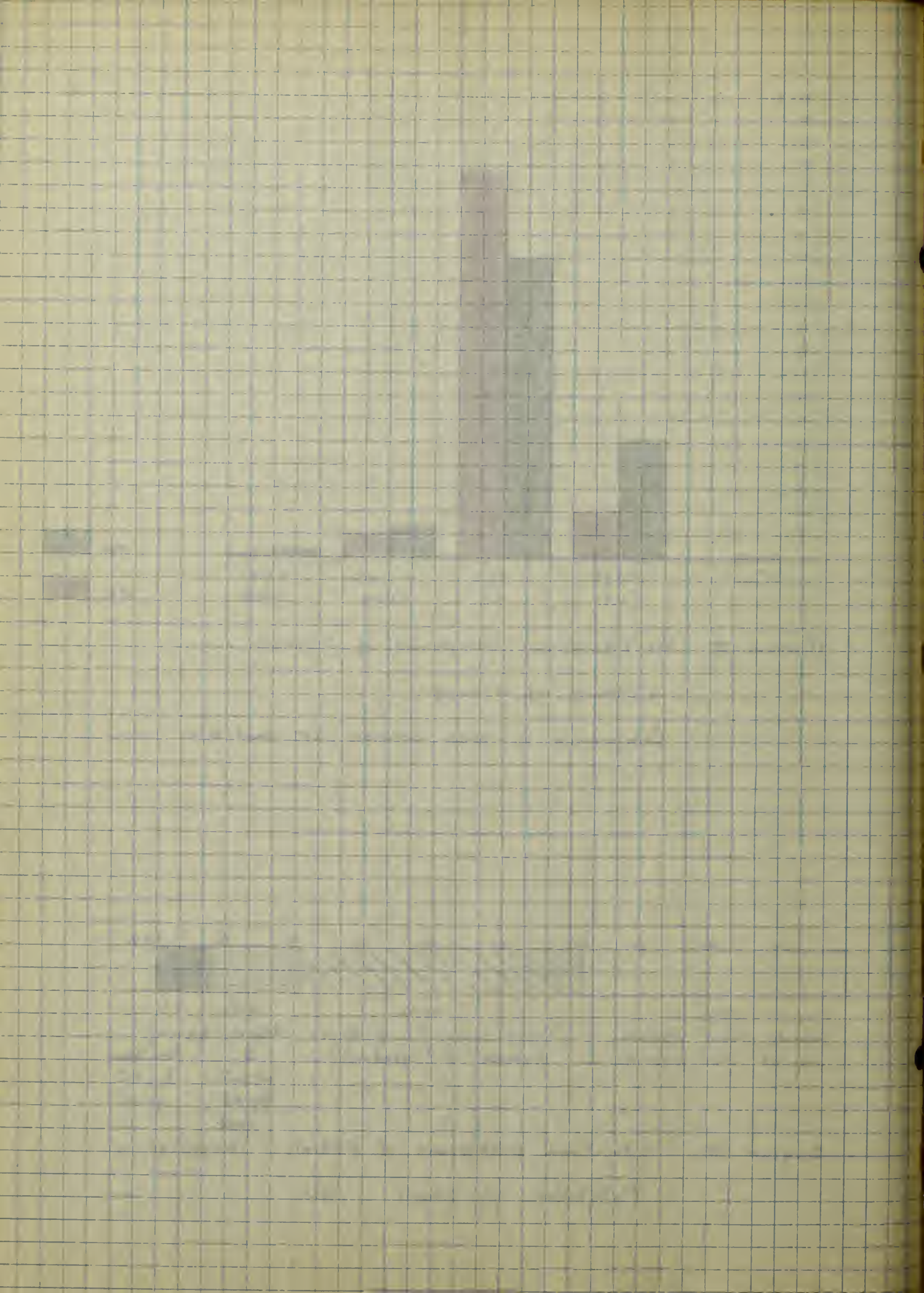


Diagram III Educational Background of Students Percentage of  
Distribution by schools 1932





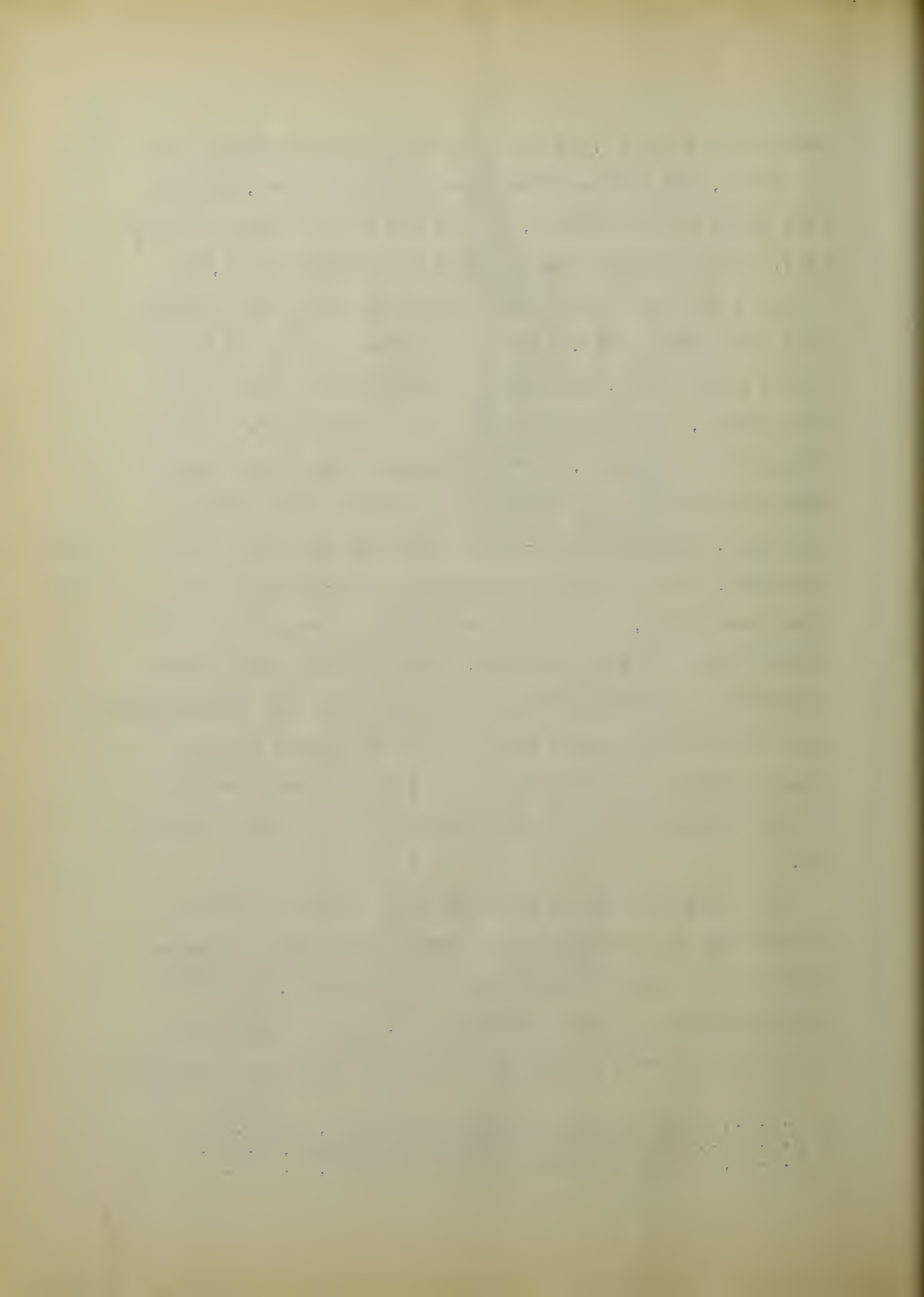
shown in Diagram II, 1% had finished only the eighth grade of school, 26% one to three years of high school, 65% had four years of high school, and 8% one to four years of college. In the survey made in 1932 the records of 69,239 students show that there were no students who had finished only the eighth grade, 10% had attended high school from one to three years, and 84% had complete four years of high school, and 6% one to four years of college. Diagram III indicates, in the second grading 32% of the schools reported having all their students high school graduates, 40% have three-fourths but not all high school graduates, 14% have one-half but not three-fourths high school graduates, while 8% have less than one-half of their students high school graduates. The figures for the second survey show a decided improvement over those for three years ago, and we believe that the gain is not wholly due to general economic conditions but is partially the result of the publicity given to these figures by the Grading Committee.

The completion of an approved high school course as a prerequisite for entrance to a school of nursing is recommended by the International Council of Nurses<sup>1</sup>, the National League of Nursing Education<sup>2</sup>, the Catholic Hospital Association<sup>3</sup>, the Committee for the Study of Nursing

1 I.C.N., Report of Committee on Education, p. 20.

2 N.L.N.E., Curriculum for Schools of Nursing, p. 24.

3 C.H.A., Report of Committee on Education, p. 221.





Education<sup>1</sup>, the Committee for the Study of Nursing Education in 1924<sup>2</sup>, the White House Conference on Education of Women<sup>3</sup>, and the Committee on the Education of Women<sup>4</sup>. The American Hospital Association<sup>5</sup> approves in principle the entrance requirement of four years of high school but suggests that in the absence of the high school diploma the educational qualifications may be determined by appropriate examination.

In the second survey by the Grading Committee a further study was made to ascertain the number of students who were above, at, or below the average of their class in high school. Of a total of 1,870 schools, 254 schools had no record. For the remaining 922 schools the records show that in 13% less than one-fourth of the students were above average in high school. 41% of the schools reported that every student admitted to training was above the average of her high school class and in 9% at least three-fourths were above average.

The Committee on Education of the International Council of Nurses and the National League of Nursing Education recommend the use of intelligence tests for students. A study was made last year (1928) by Teachers College, Columbia University, of the results of intelligence tests in 57 schools of nursing where the tests had been given.

1 Winslow - Goldmark, Nursing and Nursing Education in the United States, p. 21.

2 Fair, Survey of Nursing Education in America, p. 373.

3 W.H.C., Report of Sub-Committee on Nursing, p. 2.

4 Grading of Nursing Schools, Com. on, How Control the Schools, p. 50.

5 Quoted by Wailer, Hospital Nursing Costs, p. 527.



Table I

Student Work Performance on Standard Intelligence Tests in  
Percentile Scores

<u>Name of Test</u>	<u>No. of schools</u>	<u>No. of stu- dents</u>	<u>10<sup>th</sup>ile</u>	<u>25<sup>th</sup>ile</u>	<u>50<sup>th</sup>ile</u>	<u>75<sup>th</sup>ile</u>	<u>90<sup>th</sup>ile</u>
Army Alpha	8	930	99	115	132	146	163
Otis Self-Ad- ministering	15	1629	35	40	47	54	60
Otis Advanced	3	274	124	139	156	167	182
Terman Group test	7	2084	107	131	152	170	182
	1	1201	98	116	137	159	176
	1	339	95	122	149	172	187
Miller Test of Mental Ability	1	500	54	62	76	86	97
Am. Council of Ed. Exam. (Thurstone)	4	551	68	92	122	160	195
Scott Intelli- gence Exam.	1	639	34	42	49	57	64

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over a number of years. The scores of approximately 11,000 students were studied. We have compiled Table I from these figures and it is only the summary of results in all schools of nursing which require high school graduation for entrance.

Graduation from high school is a necessary prerequisite for training in any profession, but the step already taken by some of the schools in selecting their students from those whose standing has been above average in high school needs to be more widely adopted. If the course of study in schools of nursing is to be of college grade then it would seem advisable that no student should be retained with an intelligence quotient of less than 110<sup>1</sup>, provided, of course, all errors in determination are checked.

We have already indicated that the trend is towards the university school of nursing. In this connection a letter from Dr. Nicholas Murray Butler, President of Columbia University, to Dr. William Gorrach, Chairman of the Committee on the Grading of Nursing Schools, is of interest.

"It seems to me that nursing is one of those callings which is in process of development toward a professional standing, just as architecture was not so long ago, and as business and journalism still are. In order to qualify as a profession, a calling must rest upon a substantial foundation of scientific knowledge, together with an adequate period of technical training, or service in the application of this knowledge to the practical matters with which the calling deals.

"The service which a university can render is to

1 Gorrach, Techniques for the Selection of Nursing Students, p. 30C.



marked the day when full professional status is reached by a calling of this kind, through its definition of what constitutes an adequate scientific foundation for such work, its insistence upon proper standards of admission of these studies, and upon a carefully ordered and carefull supervised period of technical service and training.

"It seems to me that everything points to the possibility of elevating nursing to the plane of a real profession at no distant day, and that the first steps to take are for the university to pave the way by entering upon and enforcing the policies which I have just outlined."

The desirability of schools of nursing being affiliated with colleges and universities is recommended by the National League of Nursing Education<sup>1</sup>, the Association of Medical Colleges<sup>2</sup>, the Committee for the Study of Nursing Education<sup>3</sup>, and the Committee for the Study of Nursing Education in Canada.<sup>4</sup> Although the final report of the Committee on the Grading of Nursing Schools has not yet been issued it will, without doubt, recommend that no student should be admitted to a school of nursing who does not meet the college entrance requirements of approved colleges.

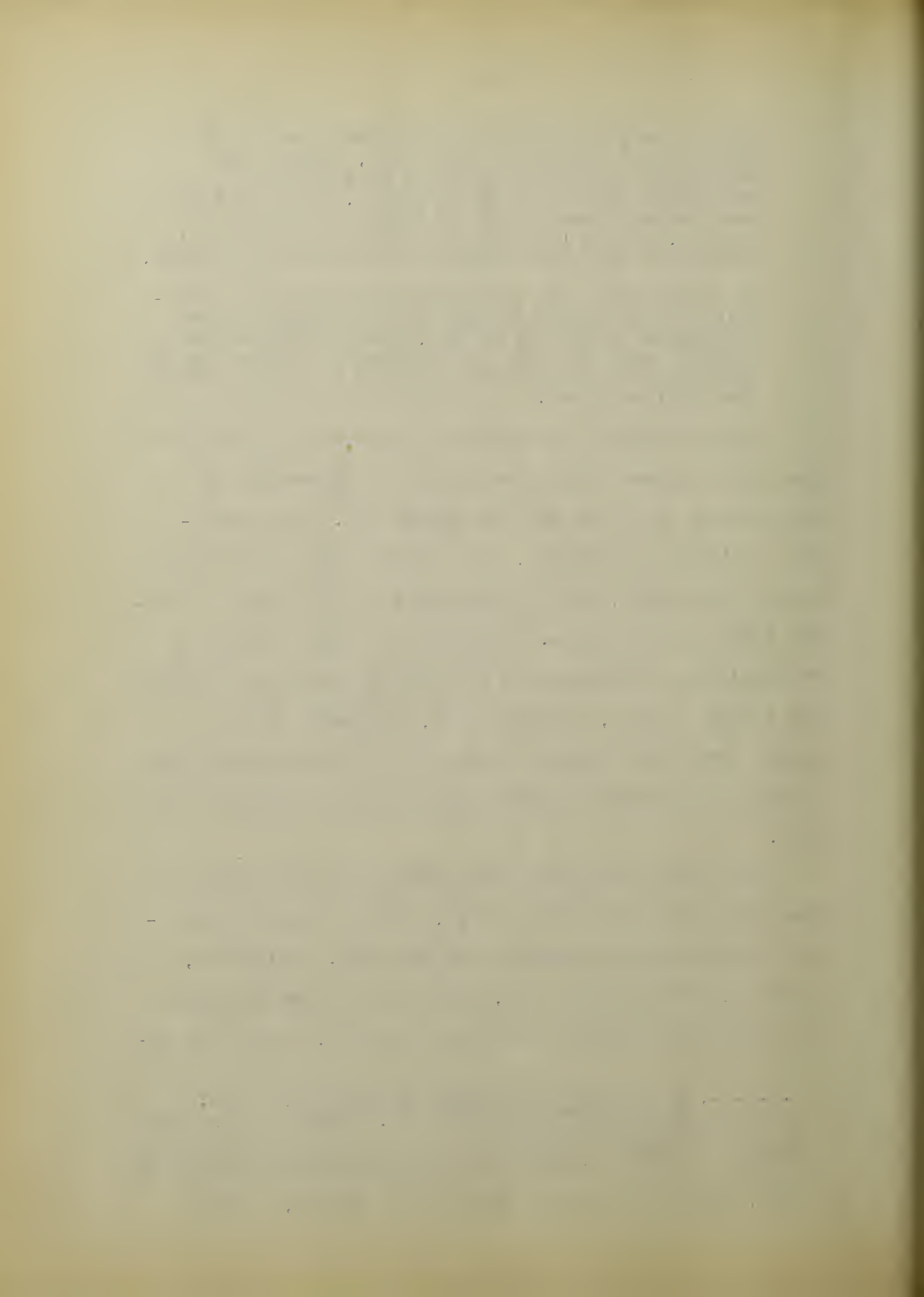
The nursing profession can never rise higher than the human material which goes into it, and no system of education however good can create this material. Selection, therefore, is the first step, and while we have stressed this we must not forget that the material which we select must be of the highest quality, and must not be

1 N.L.N.E., Recommendation for Schools of Nursing, p. 42.

2 American Medical Colleges, 1924, Report of Committee on the Study of Training Schools.

3 Winkler - Gold, Nursing and Nursing Education in the U. S., p. 25.

4 Winkler, Survey of Nursing Education in Canada, p. 229.





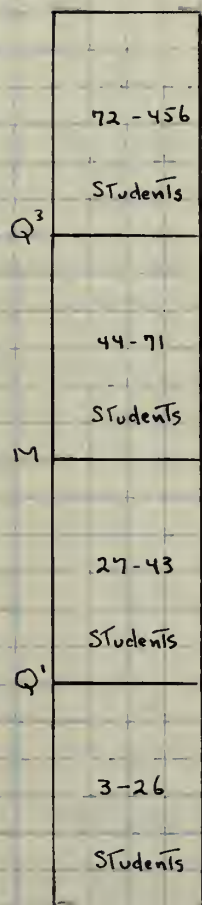
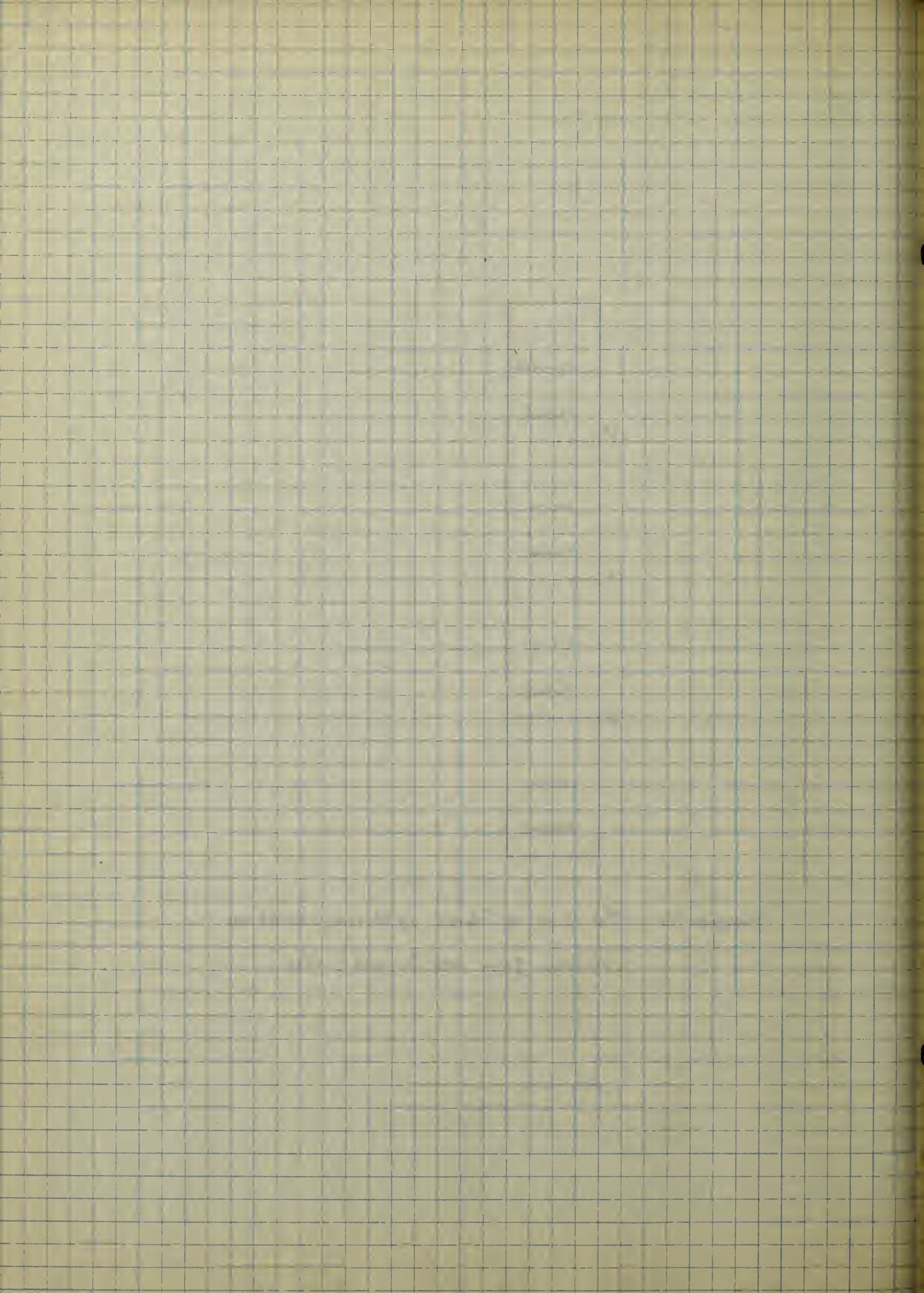


Diagram IV The size of Schools of Nursing, based on  
returns from 1196 Schools, 1932





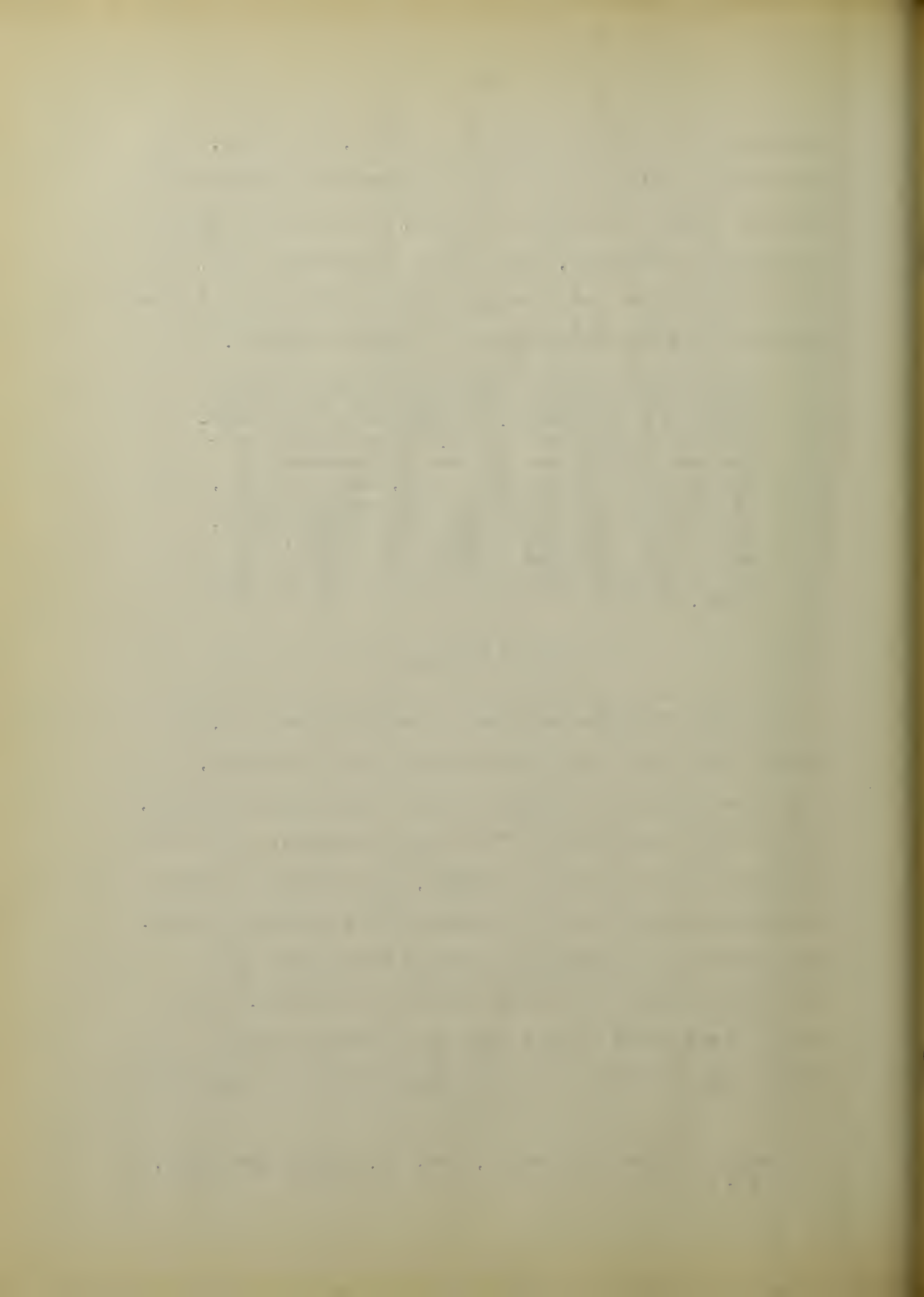
...of those other factors of health, character, and personality which go far toward determining educational success. Again to quote Dr. Butler, in the annual report of Columbia University, made public in December 1917, as calling attention to the necessity for consideration of other qualities besides intelligence in judging students.

"The capacity to pass these intellectual tests should not be the only thing in estimating the educational progress of a student. Evidences of character-building should come first, and evidences of his good manners and respect and concern for others should come second; and, these lacking, no amount of intellectual performance of any kind should win him advancement or graduation. Such a one would not be educated at all; he would only have been instructed in some degree in the subject matter of a given field of knowledge."

#### Size of School

Diagram IV indicates that the study based on 1,190 schools shows that the median school has 42 students, with one-fourth of the schools having 26 or less students, and the top quarter having 71 or more students. There are 35 schools with 9 or less students, and 146 with between 10 and 15 students. The range was from 2 to 456 students. One questions the economics involved in conducting a high grade school for a small number of students. The Grading Committee<sup>1</sup> believe that most schools with a student body of 27 or less are either providing inadequate

1 Grading of Virginia Schools, Com. on, The Student Body, p. 15.





educational facilities for their students or low prices of transportation to mount per capita for the facilities they do provide. The writer has seen ample evidence that most of the small schools are not providing the adequate educational facilities.

The Committee on Education of the Catholic Hospital Association recommends that no school of nursing be conducted with less than 25 students and that the desirable minimum is 50 students.<sup>1</sup>

### Clinical Field

Schools of nursing are found in hospitals having a daily average of patients ranging from 8 to 400+. The median hospital in the study of 1146 hospitals showed a daily average of 75 patients,  $Q_1$  42,  $Q_3$  149. There were 55 hospitals with a daily average of 19 or less patients conducting schools of nursing. Our figures are based only on accredited schools, and the number would be considerably increased were the figures available for the non-accredited schools.

The bed capacity or average daily number of patients is not the only criteria to be applied, however, when judging the clinical field. A relatively small institution may have a better distribution of clinical material than a large institution which is devoted to one specialty, such

1 C.H.A., Report of Committee on Nursing, p. 201.



to all surgical or medical patients. Again, a hospital which has a daily average of from 50 to 75 patients with a good distribution of services, is willing to provide affiliation for their student in the services in which they cannot give adequate experience, a well-prepared faculty, careful supervision of students, and good standards of nursing care for patients - may give the student a better preparation than a large hospital where these factors are lacking. In summing it up we said that no hospital is a good teaching field for student nurses unless the patients in that hospital are getting adequate and high grade nursing service.

The International Council of Nurses<sup>1</sup>, the National League of Nursing Education<sup>2</sup>, the Winslow-Goldman Report<sup>3</sup>, and the Report of the Canadian Survey<sup>4</sup> all agree that clinical experience should be offered to all students in the following fields: medicine, surgery including operating room, communicable diseases, obstetrics, and pediatrics; while psychiatry, neurology, eye, ear, nose and throat, skin, and out patient department are also included by the first three.

The International Council of Nurses<sup>5</sup> recommends that there should be a daily average census of not less than

1 I.C.N., Report of Committee on Education, p. 18.

2 N.L.N.E., Curriculum for Schools of Nursing, p. 11.

3 Winslow - Goldman, Nursing and Nursing Education in the United States, p. 11.

4 Weir, Survey of Nursing Education in Canada, p. 292- p. 301.

5 I.C.N., Report of Committee on Education, p. 18.





100 patients with well distributed clinical material. The National Hospital Association<sup>1</sup> advocates a minimum of 50 beds in a hospital conducting a school of nursing, although 100 of the delegates at the convention when the vote was taken expressed the opinion that a higher bed capacity was advisable. The recommendation made following the Canadian Survey<sup>2</sup> was that in order to be approved training schools for nurses should be attached to hospitals having at least 75 beds and a daily average of 50 patients as well as having adequate clinical and teaching facilities and equipment, and that the more definite objective should aim at restricting the establishment of schools to hospitals having at least 200 beds.

It is important that we keep in mind that the nursing service of a hospital and a school of nursing are not synonymous terms, and conducting a hospital does not necessarily imply conducting a school of nursing. The primary and legitimate function of a hospital is the care of the sick. How the hospital provides for that care becomes its problem. Its obligation to the community demands that it provide skilled nursing care for its patients at the cheapest possible cost, just as it will provide equipment, laboratory materials, etc. at the best figure available for reliable goods. The hospital may, or may not, as it chooses,

1 C.N.A., Report of Committee on Education, p. 301.

2 Fair, Survey of Nursing Education in Canada, pp. 229, 195.



assume the function of educating student nurses; but if it does accept this voluntary responsibility it imposes upon itself the moral obligation to give the student nurses whom it receives a satisfactory preparation for their profession. It has voluntarily assumed an educational function. Some of the other functions which a hospital may assume are providing experience for medical students, social workers, dietitians, and physiotherapists. Whether a particular hospital assumes these functions depends upon whether the hospital wards can provide the educational experience which is necessary for these professions. In each instance critical examination is made of the kind and amount of material available before the affiliation is made, but this is not true in all instances before starting a school of nursing. Too often no critical examination is made of the kind or clinical material which is available.

### Curriculum

The hours of classroom instruction while a quantitative measure does have some validity in judging a school. We realize that statistics do not measure the quality nor the content of teaching nor in what sequence the subjects are taught. The National League of Nursing Education recommends 985 hours of classroom instruction in the three year course as being a reasonable working basis for the higher grade of American nursing schools. Diagram 7a





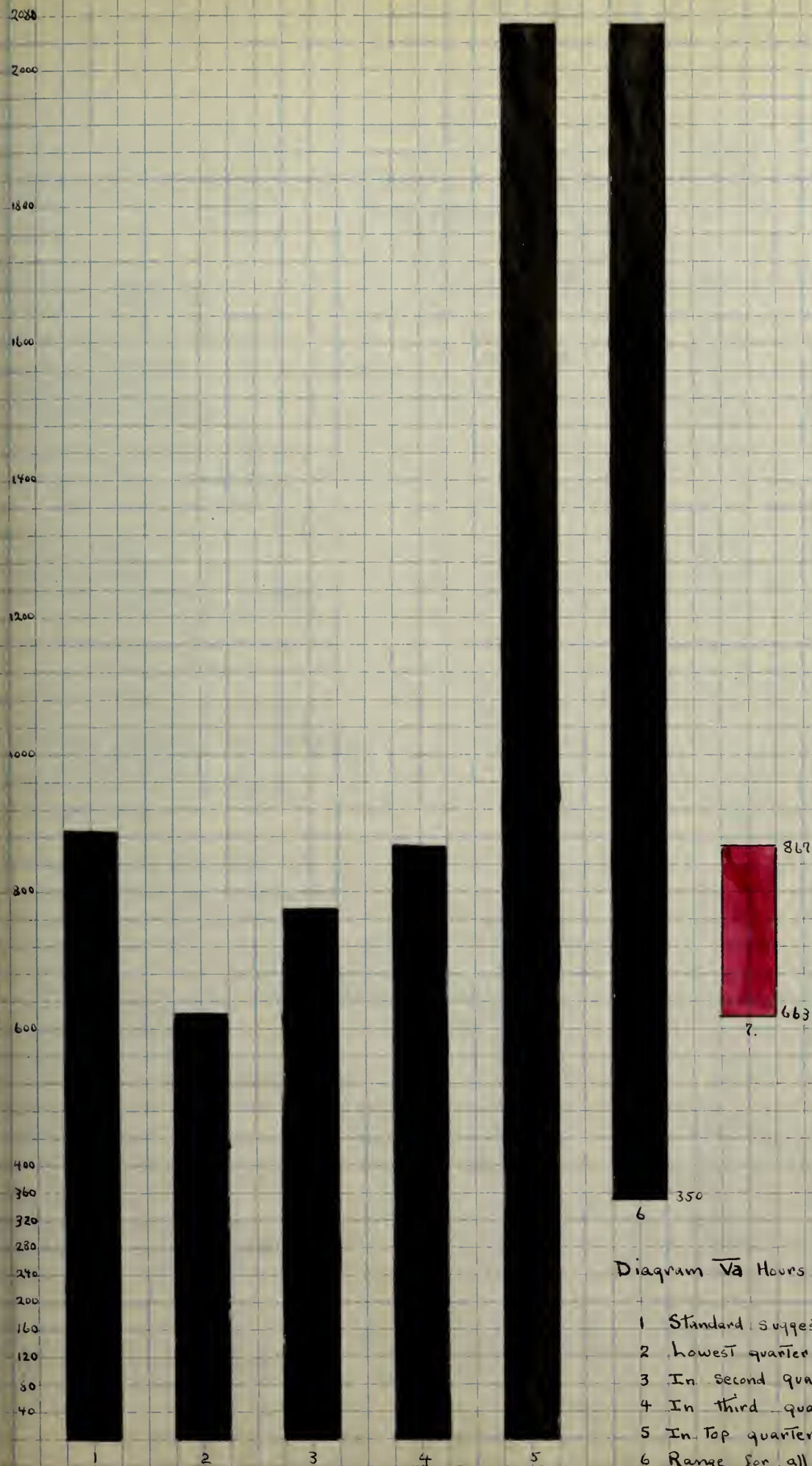


Diagram Va Hours of Classroom Instruction

- 1 Standard suggested by N.E.N.E.
- 2 Lowest quarter of Schools
- 3 In second quarter
- 4 In third quarter
- 5 In top quarter
- 6 Range for all schools
- 7 Interquartile range





## Table II

### Hours of Classroom Instruction in Schools of Nursing<sup>1</sup> Compared with the League Standard<sup>2</sup>

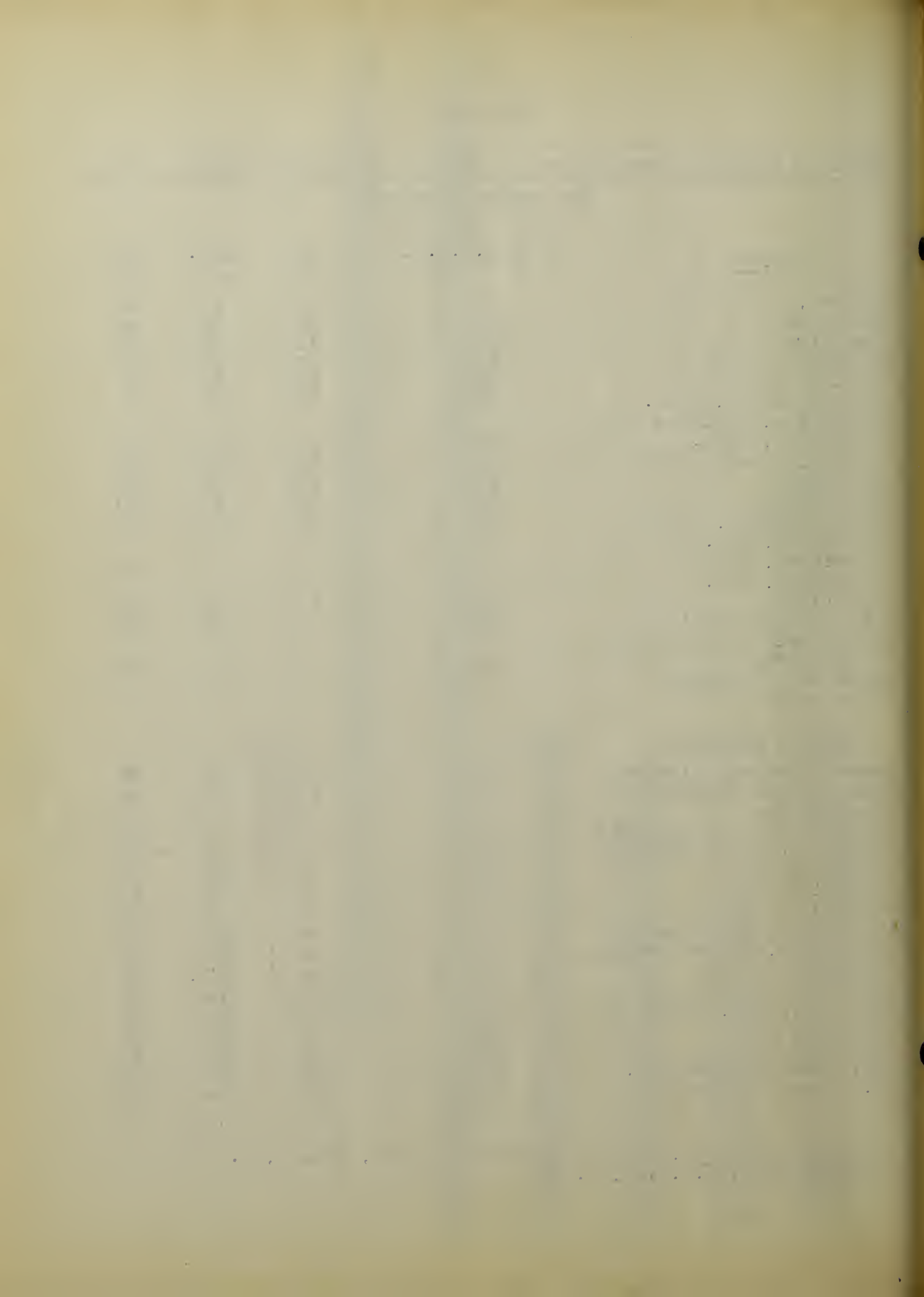
<u>Subject</u>	<u>Hours suggested by N.L.N.E.</u>	<u>Q<sub>1</sub></u>	<u>Med.</u>	<u>Q<sub>3</sub></u>
Anatomy, Physiology	70	60	90	90
Bacteriology	45	20	38	40
Chemistry	45	16	30	40
Personal Hygiene	15	10	15	16
Physical Training	15	10	15	30
materia Medica, Elem.	15	16	20	30
Principles, Practice of Nursing, Elem.	90	60	86	104
History, Nursing Ethics	30	16	25	30
Pathology	15	10	15	16
Dietetics	60	32	45	60
materia Medica, Thera- peutics, Adv.	30	20	30	31
Principles, Practice of Nursing, Adv.	30	24	30	34
Psychology	30	10	15	30
Professional Problems	30	8	12	16
Modern Social and Health Movements	30	8	10	16
Elements of Sanitary Science				

#### NURSING METHODS IN

General Medical Diseases	30	20	25	30
Communicable Diseases	16	12	15	20
Tuberculosis	5	4	5	6
Venereal and Skin Diseases	9	6	8	10
General Surgical Diseases	30	16	21	30
Orthopedics	10	6	10	10
Gynecology	6	8	10	15
Urology	5	4	6	10
Operating Room Technique	9	9	10	14
Pediatrics, Infant Feeding	30	16	20	30
Obstetrics	30	20	27	30
Psychiatry	30	12	16	30
Eye, Ear, Nose, Throat	15	10	12	15
First Aid	15	8	10	15
Physiotherapy	15	10	16	20
Occ. Therapy & Recreat.	15	10	15	24
El. of Social Science	15	15	18	40

1 Nursing Schools, Grading Committee Report, Sec. I, p. 31

2 Curriculum, N.L.N.E., p. 38





where the standard recommended by this organization and contrasted with it the hours reported by the schools in this study. It will be seen the range is from 300 to 2,076 hours. It will be noted that the schools lowest in the top quarter give approximately the number of hours which the League recommends.

Table II gives a list of the subjects with the number of hours to be devoted to each as recommended by the National League of Nursing Education, and shows the median,  $Q_1$ , and  $Q_3$  for the schools.<sup>1</sup> The weakness, under the League's recommendation as the criterion, seems to be in the sciences basic to an intelligent comprehension of the clinical subjects, such as anatomy and physiology, bacteriology, chemistry, etc.

One of the specific recommendations made by the Committee on the Goals of Medical Care<sup>2</sup> for nursing schools is the improvement "in the basic education of nurses by basic science instruction of college level."

In the first grading of nursing schools a study was made of the variations in the length of courses between schools in the same graduation class of the same school. In order to avoid the extremes, the figures were not based on the entire class but on the intermediate range. Table III gives a summary of the variations in the length

1 Grading of Nursing Schools, Com. on, What Student  
Teach, p. 23.

2 Goals of Medical Care, Com. on, Medical Care for the Ameri-  
can People, p. 142.

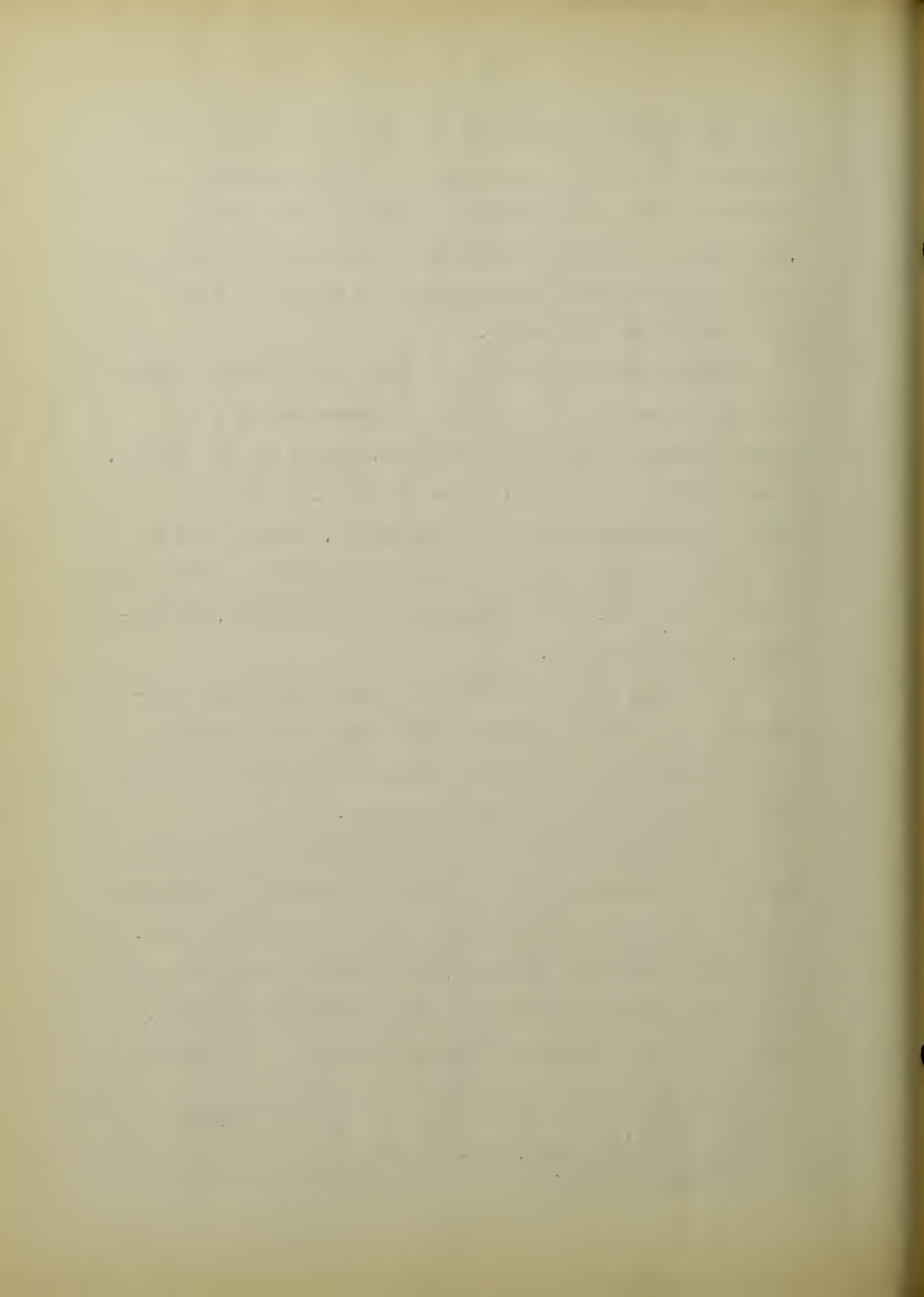


Table III

Difference in length of experience between graduates in the  
producing class\*

	No. of Schools	Difference in no. of days' experience			Range
		<u>Q<sub>1</sub></u>	<u>Med.</u>	<u>Q<sub>3</sub></u>	
Medical	945	19	36	56	57 schools where diff. 0-4 days to 8 schools where diff. 180-427 days
Surgical	932	29	45	70	35 schools where diff. 0-4 days to 15 schools where diff. 180-325 days
Operating Rm.	1128	8	19	35	191 schools where diff. 0-4 days to 3 schools where diff. 180-314 days
Obstetrics	1100	16	30	50	127 schools where diff. 0-4 days to 3 schools where diff. 180-322 days
Pediatrics	994	4	17	33	247 schools where diff. 0-4 days to 3 schools where diff. 180-324 days
Dist. Rooms	1074	3	8	19	423 schools where diff. 0-4 days to 3 schools where diff. 90-115 days

\*Figures based on interquartile range and not on entire class.





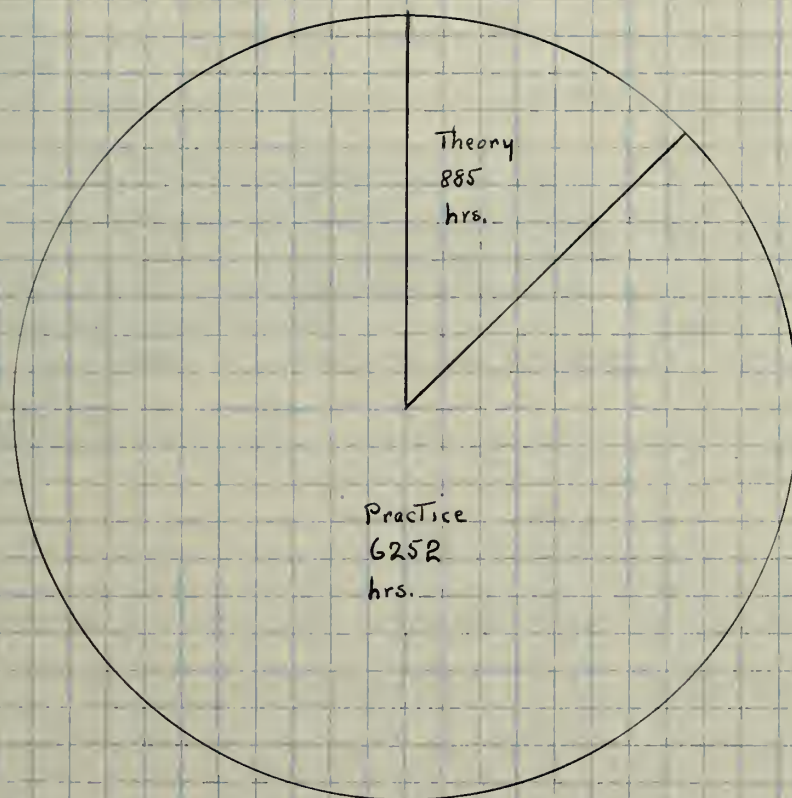
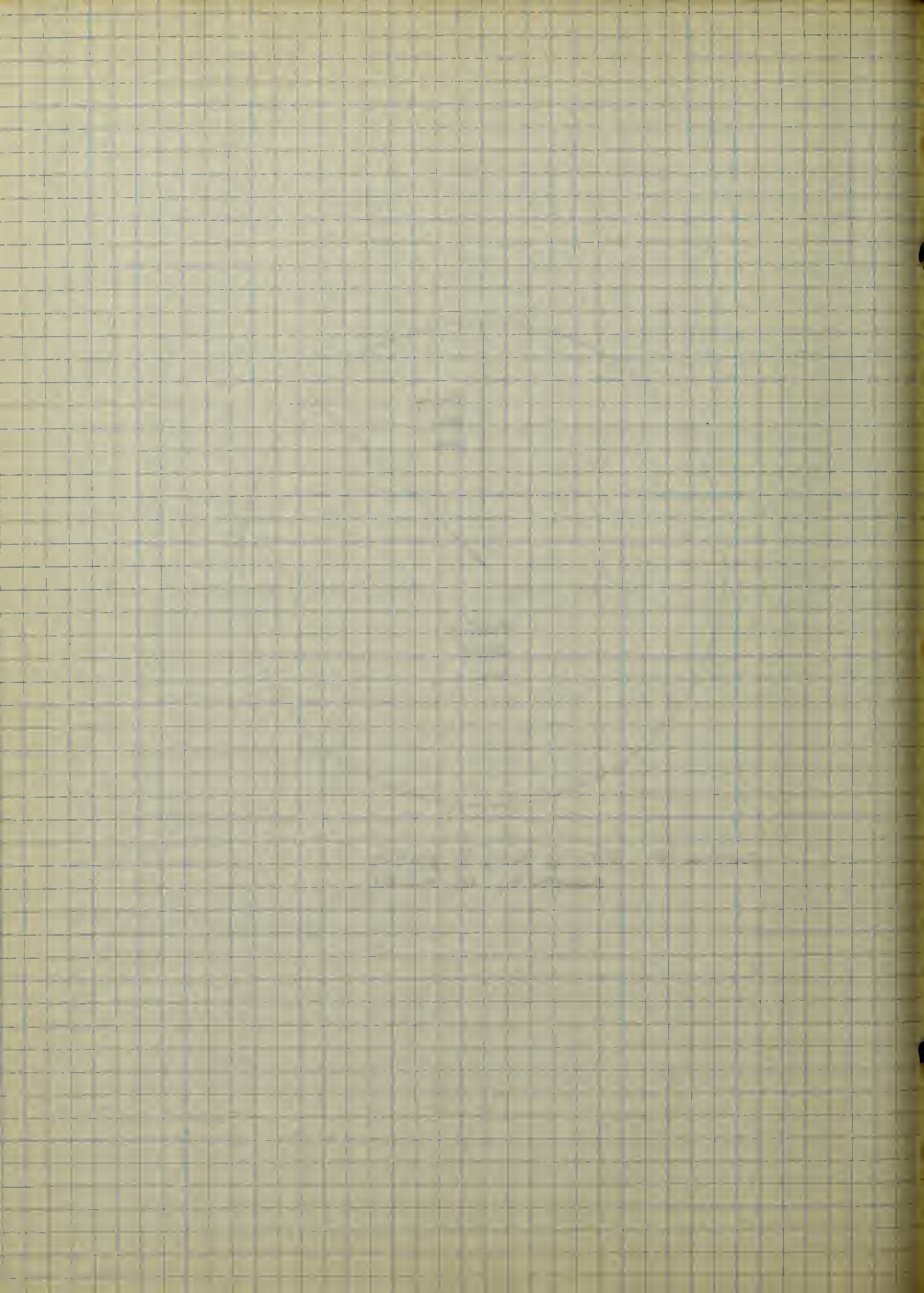


Diagram V Ratio of Theory to practice  
suggested by the N.L.N.E.





of experience for students in the same graduation class in the various component services given in hospitals. It will be noted that in a study of 941 schools for the experience in medical nursing the range was from a difference of 0 to 4 days in 57 schools up to 120 to 437 days in 8 schools. In 55% of the schools the range was between 0 and 10 days; in 50% of the schools there was a difference of 10 to 30 days; in 75% of the schools a difference of 7 to 55 days. Other services show a like variability. In order to present a sample of this material graphically we are including a graph published by the Grading Committee<sup>2</sup> for the pediatric service. (p. 37a)

#### Ratio of Theory to Practice

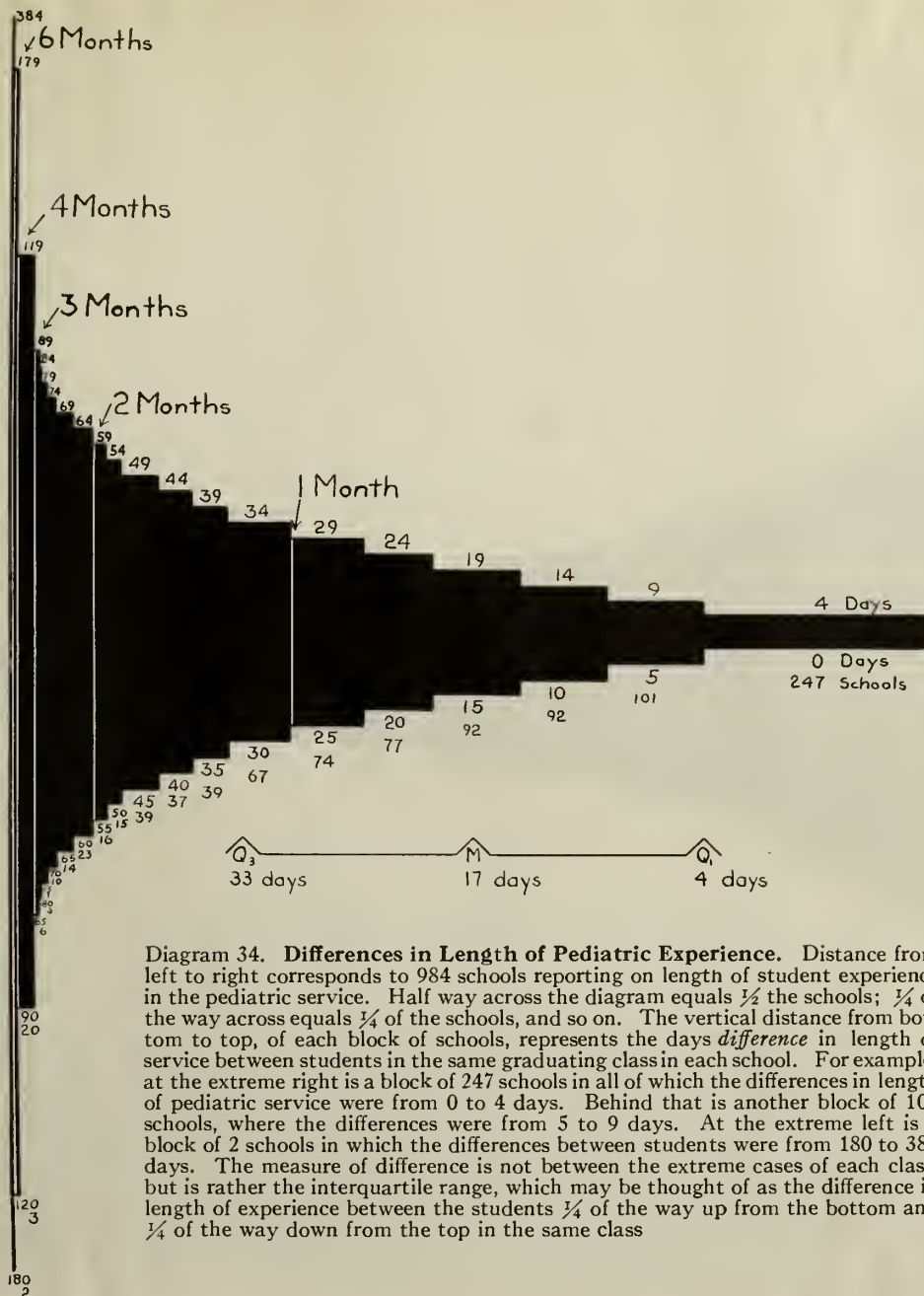
Diagram V shows the ratio of hours of classwork to hours of practice as recommended by the National League of Nursing Education to be 1 to 7.7. This practice is based on a 48 hour week for 48 weeks per year. It must be remembered that if the practice is well supervised and based on the student's educational needs rather than on the hospital's needs, the student is learning constantly from her work practice. One can readily see that any school which gives 360 hours of classroom instruction has a ratio of approximately 1 to 18, and it is doubtful whether many of

1 Grading of Nursing Schools, Com. on, What Student Learn, pp. 53-54.

2 Ibid., p. 62.







From Results of First Grading, Section II, What Students Learn, p. 62.



these schools confine their practice to a 42 hour week. The requirements as set by the states show a variation in the ratio of theory to practice of from 1 to 7.93 to 1 to 22.72.<sup>1</sup> Dr. Weir in the report of the Canadian Survey<sup>2</sup> states that from the viewpoint which is primarily educational the ratio of theory to practice should be as 1 to 2, although for a period of years it may be necessary to have a ratio of 1 to 4.

It is difficult to see how critics find any valid evidence to support their contention that the curriculum of schools of nursing is overloaded with theory. They see in nursing only a manual skill. Nursing does involve techniques and skills but back of these must be knowledge to direct them. Practice, these critics will tell you, is what the nurse needs. Some four hundred years ago that great artist Leonardo de Vinci pointed out that "those who are removed of practice without knowledge are like a pilot who goes into a ship without a rudder and compass and never has any certainty where he is going." Of course, one may also remember de Vinci's remark that the "extreme misfortune is when theory outstrips performance."

Most nursing educators, however, are in agreement with the recommendation made by the Committee on the Goals of

1 N.L.N.R., A List of Schools of Nursing Meeting Minimum Requirements Set by L.N., p. 42.

2 Weir, Survey of Nursing Education in Canada, p. 272.





Medical Care<sup>1</sup> for "a rearrangement of curricula and a revision of the fundamental purposes of our nursing schools, so that they will produce socially-minded nurses with a preparation basic to all types of nursing service. The care of hospital patients is not, in and of itself, sufficient preparation for professional nursing. Nurses should be prepared not only for the practice of a profession but for life and its manifold home and community duties as well."

### Teaching Staff

There are still 22% of the schools of nursing which do not have one person who answers to the definition of "one who gives the major portion of her time to the instruction of student nurses." 51% have one full time nurse instructor, and 27% have two or more instructors. In the case of the schools with no instructors, it does not mean no instruction is being given but the teaching is done by someone who has other responsibilities besides that of teaching students. The writer saw one record of a hospital in which the superintendent also acted as head of the school, as the head nurse in the operating room, and was responsible for the teaching of eight subjects to student nurses.

Diagram VI shows the academic background of the group classified as instructors. 5% have never finished high

1 Costs of Medical Care, Com. on, Medical Care for the American People, p. 142.



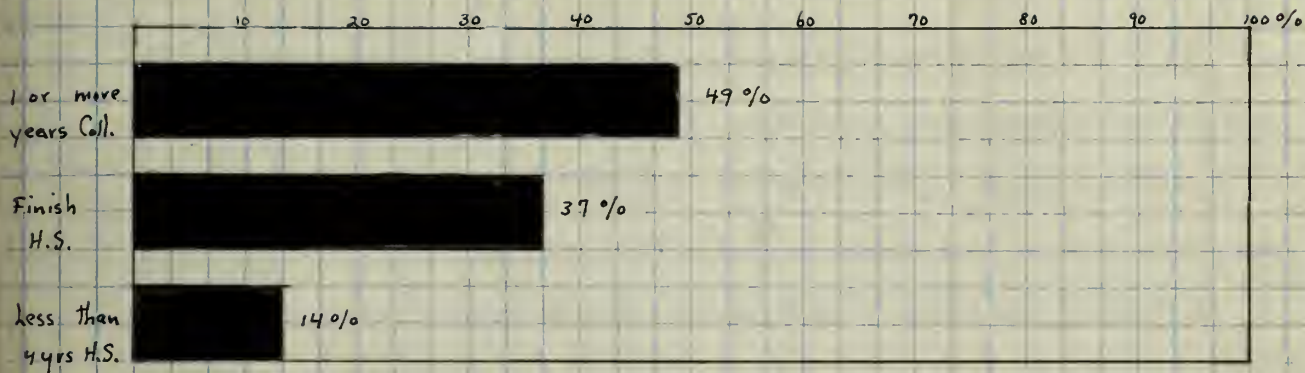


Diagram VI The Educational Background of  
1340 Supt. of Nurses

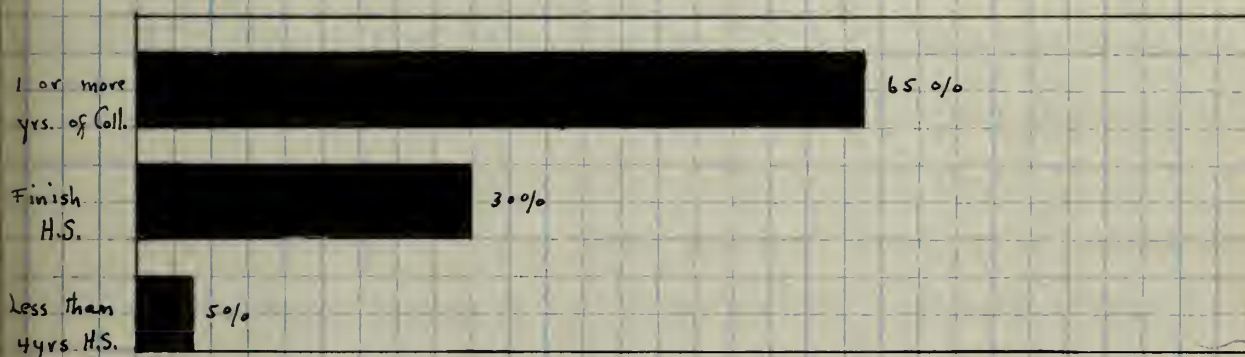
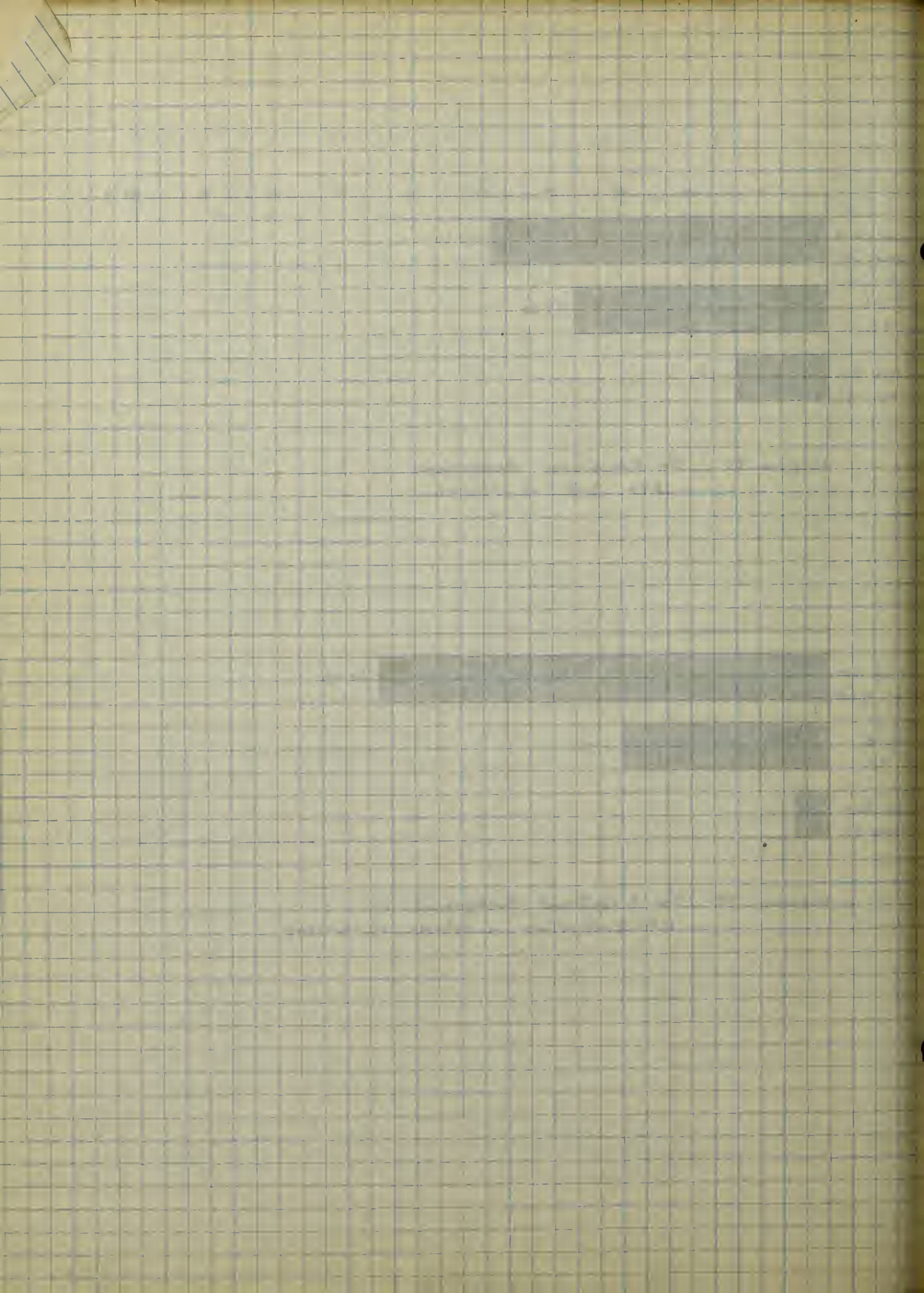


Diagram VII The Educational Background of  
1690 Instructors in Schools of Nursing







school, 30% finished high school, and 65% have had one or more years of college. In all cases the person has had her nurses' training course. Diagram VII indicates that of the superintendents of nurses, who in the majority of cases also act as principals of the schools of nursing, 14% had not finished high school, 37% had finished high school, and 49% had one or more years of college. Here we have the curious condition of the principals of schools being less well prepared than the instructors in many cases.

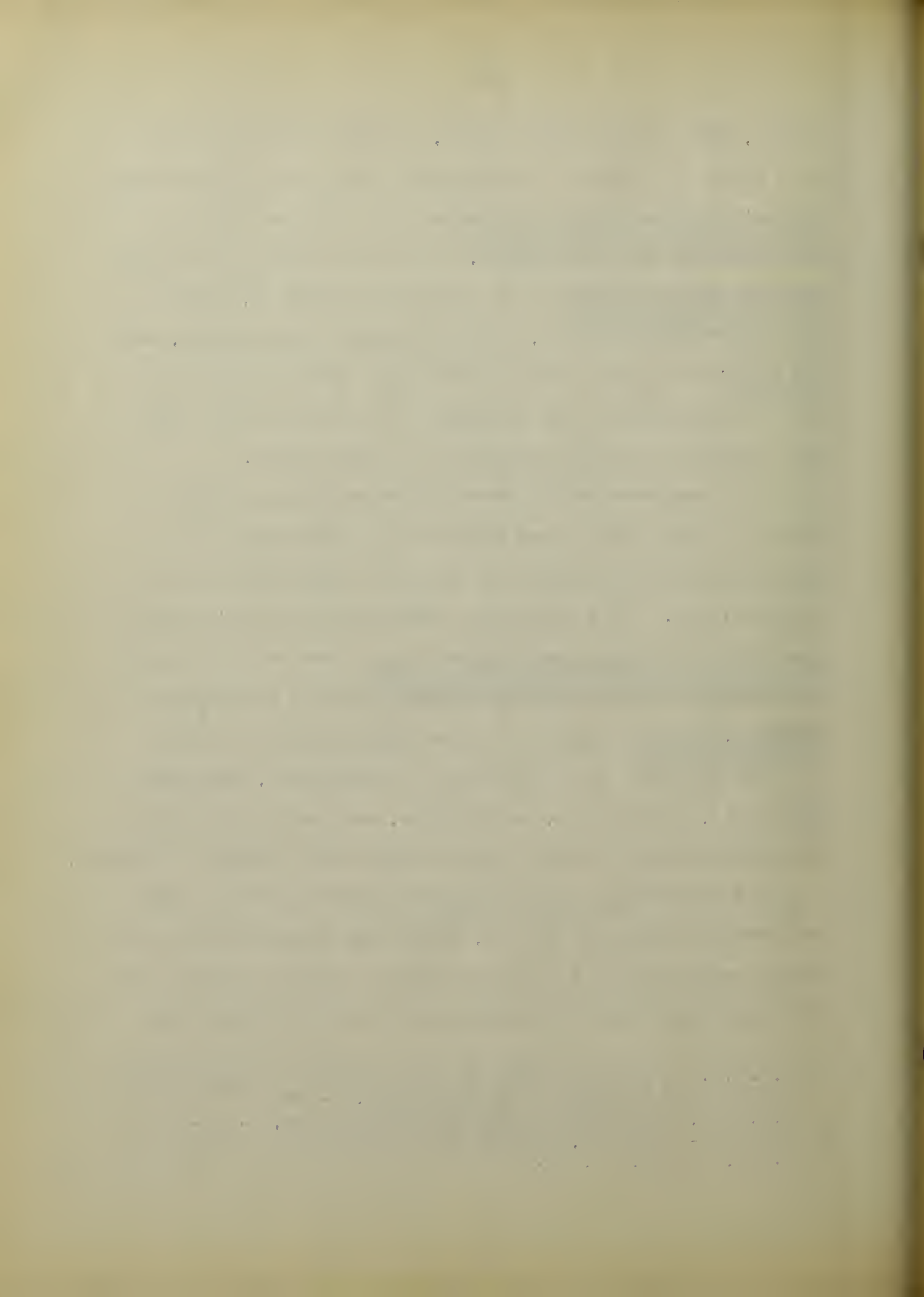
The Committee on Colleges and Universities of the National League of Nursing Education has outlined the qualifications of the staff of schools whose work is on a college level.<sup>1</sup> The Education Committee of this organization states that all instructors should have had preparation for teaching as well as sound educational and professional training.<sup>2</sup> This committee is also about ready to publish the standards for the preparation of principals, assistant principals, instructors, supervisors, and head nurses as this group constitutes the usual faculty of a school of nursing.

The Rockefeller Report<sup>3</sup> called attention to the need for superintendents of nurses, supervisors, instructors and public health nurses to receive special training beyond the basic nursing course. Teachers should be of a grade which

1 N.L.N.E., Tentative Standards for Schools of Nursing Connected with Colleges or Universities, p. 852.

2 N.L.N.E., Curriculum for Schools of Nursing, p. 23.

3 Winslow - Goldmark, Nursing and Nursing Education in the U. S., pp. 12, 22, 27.



would be acceptable in a reputable college or normal school.

The Grading Committee Report<sup>1</sup> states that since the committee is unanimously in its belief that high school graduation is a minimum standard, it could see, clear that nothing less than this should be accepted for new appointments to nursing faculties. This was limited to new appointments to safeguard the positions of older women who might not meet an academic requirement on paper. "While in the early years of schools of nursing little or no data were obtained relative to actual educational preparation of students, nevertheless the selection of the student group was based on three definite qualifications: maturity, culture, and ability," according to Goodrich.<sup>2</sup>

The Grading Committee Report also states that every school must have at least one full time instructor whose major responsibility is teaching.<sup>3</sup>

#### Teaching Load

In a study of 1,041 instructors the range of subjects taught was from 1 to 24; the median was 4, 7, 3 and 2, 2. This shows quite obviously that there is nothing wrong with the conception of the preparation which an instructor should have for teaching, to say nothing of her teaching load.

1 Grading of Nursing Schools, Com. on, The Control of the Schools, pp. 22 and 26.

2 Goodrich, The Social and Ethical Significance of Nursing, p. 205.

3 Grading of Nursing Schools, Com. on, The Student Body, p. 12.

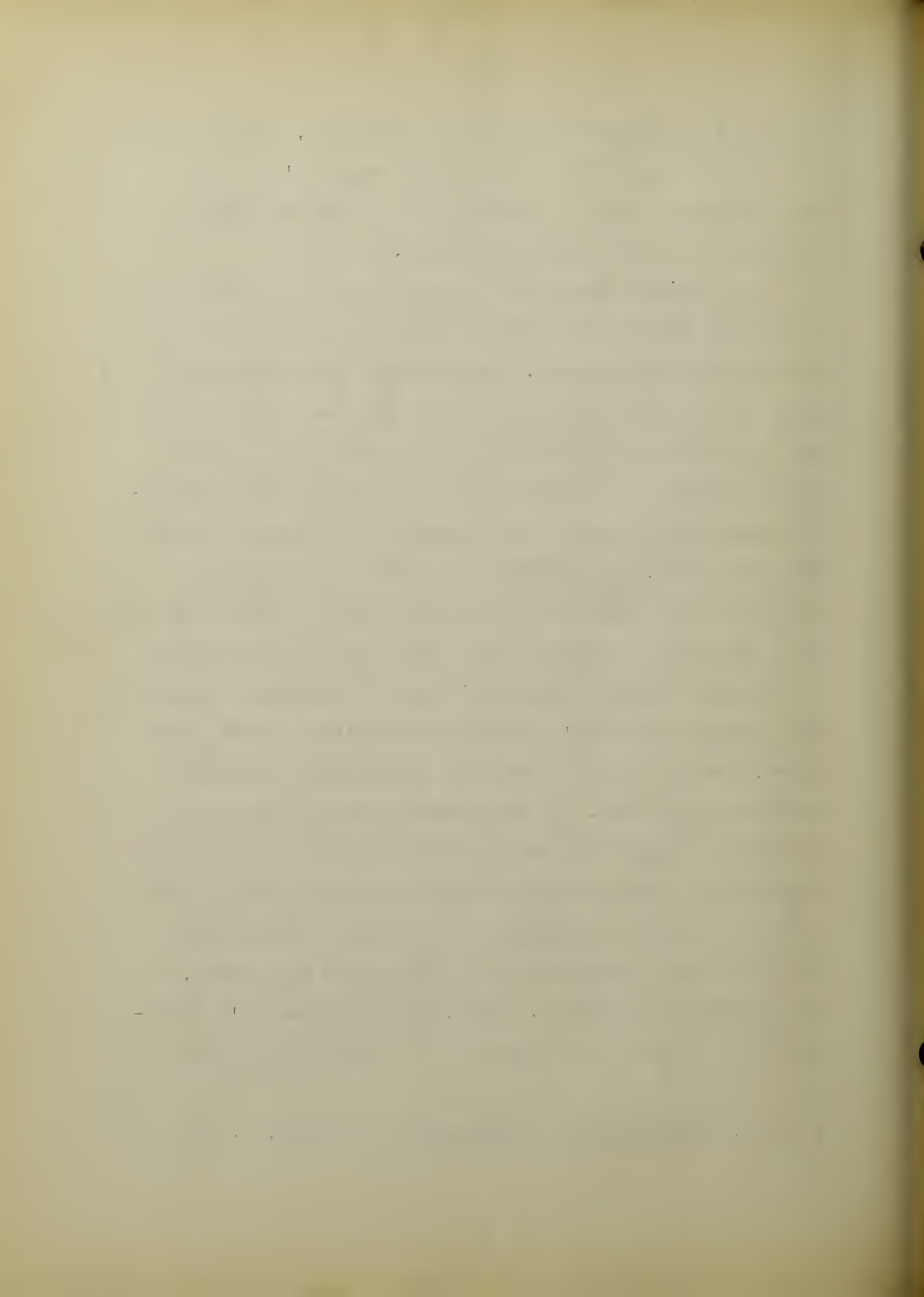




We have no figures on the hours of teaching, but the above figures indicate that many of these teachers' responsibilities are overburdened, but to maintain the line of specialization they must have to teach as well as lecture.

The Carnegie Report on the training of teachers makes a definite distinction between teaching students of high school and college grade. In college and professional schools there is an expectation to do more creative teaching and individual work with the students than the high school teacher. The report points out that where instructors who do college work teach twenty-five class periods a week, the quality of the work is necessarily inferior. Eighteen hours a week is cited as the maximum for full teaching of college grade. The American Association of Teachers Colleges recommends that the classroom program for teachers colleges' faculties not exceed sixteen clock hours, one and one-half hours of laboratory work being counted as one hour. It is apparent that an excessive classroom program does not allow for adequate preparation for classes. Three hours of classroom teaching and three hours of clinical instruction in the wards should constitute the formal working day of a full time instructor, in the recommendation of Dr. Weir<sup>1</sup>, while the League's recommendation is that they should not be expected to devote

1. Weir, Survey of Nursing Education in Canada, p. 270.



more than 4 to 5 hours daily in actual classroom teaching.

With reference to the number of subjects for instructors in schools of nursing, many of the subjects are so closely related and the time devoted to them relatively so small (see Table II, p. 35) that the number may be reasonably increased over that of the high school teacher, who is usually expected to teach two or three subjects. The size of the school and the necessity for dividing the classes into sections has more bearing upon the number of subjects an instructor can teach, but in any case one questions the possibility of even the best of instructors being properly prepared to teach all the sciences as well as all the clinical subjects, as they are attempting to do in some schools of nursing. No hard and fast recommendation is practical, but in the interest of good teaching only a reasonable number of subjects should be taught by any one instructor.

Two years ago the writer made a survey of the functions of instructors in schools of nursing. The data were obtained from an analysis of thirty diaries and personal interviews. It was revealed that some of these instructors were carrying duties which would seem to be entirely extraneous to their teaching functions. While certain duties may be more or less routine, distinction must be made between work which is incidental to the main work of teaching and routine work which has no direct relation to it. Some of the extraneous





duties disclosed in this survey were caring of beds, supervising nurses' dining room, general hospital supervision, relieving night supervisors, making rounds in the nurses' home, supervising sick nurses, taking charge of the hospital drug room, and relieving on the telephone switchboard. No study, however exact in its methods, can determine precisely and finally what an instructor should or should not do; but in general it can be said that no matter what the nature of the position if the worker's time and energy are devoted to duties unrelated to her primary function, the effective performance of her main responsibility is hampered.

When evaluating the teaching of any students we must not forget those concomitant learnings derived by the student, which may largely be classified as attitudes and appreciations. It is from the instructor's contact with the individual student that the latter is to develop the personal and professional attitudes which are so essential to her fullest development.

### Finances

Here is the crux of the situation in nursing. Some hospitals operate schools of nursing because it is a cheap means of obtaining nursing service. Dr. Iron states a study made in the four hospitals of the University of Minnesota School of Nursing shows that each student does



work for the hospital to the value of \$200 a year over and above all that is expended for her maintenance, instruction and every expense of her being there.<sup>1</sup> Dr. Lyon believes that the fundamental injustice in nursing education is that the profit made from student service does not go into her education. He contends that the number of nursing schools will never be reduced to the number needed until the profit is taken out of nursing education. Miss Wetting pointed out as early as 1916 that the failure to recognize the great and involved cost of nursing education has been at the bottom of our present difficult situation and that no equitable or suitable adjustment could be made between hospitals and schools of nursing until this fact is understood and accepted.

A study made in 1931 of the cost of maintaining and educating student nurses at the Massachusetts General Hospital estimated that the yearly cost for each student nurse was \$361.54.<sup>2</sup> This yearly cost includes interest, depreciation and insurance on the Nurses' Home amounting to \$115.31. If the school of nursing should be discontinued the total yearly saving would be \$122,811.32, but the replacement of the 265 student nurses by 195 graduate nurses would cost \$271,489.27, or an increase of \$148,677.95 yearly.

1 Lyon, Some Aspects of Medical Education and Nursing, p. 210.  
 2 Patterson, Peelle and Dennis, A Study of the Yearly Expenses of the Training School for Nurses at the M. G. H., N. H.

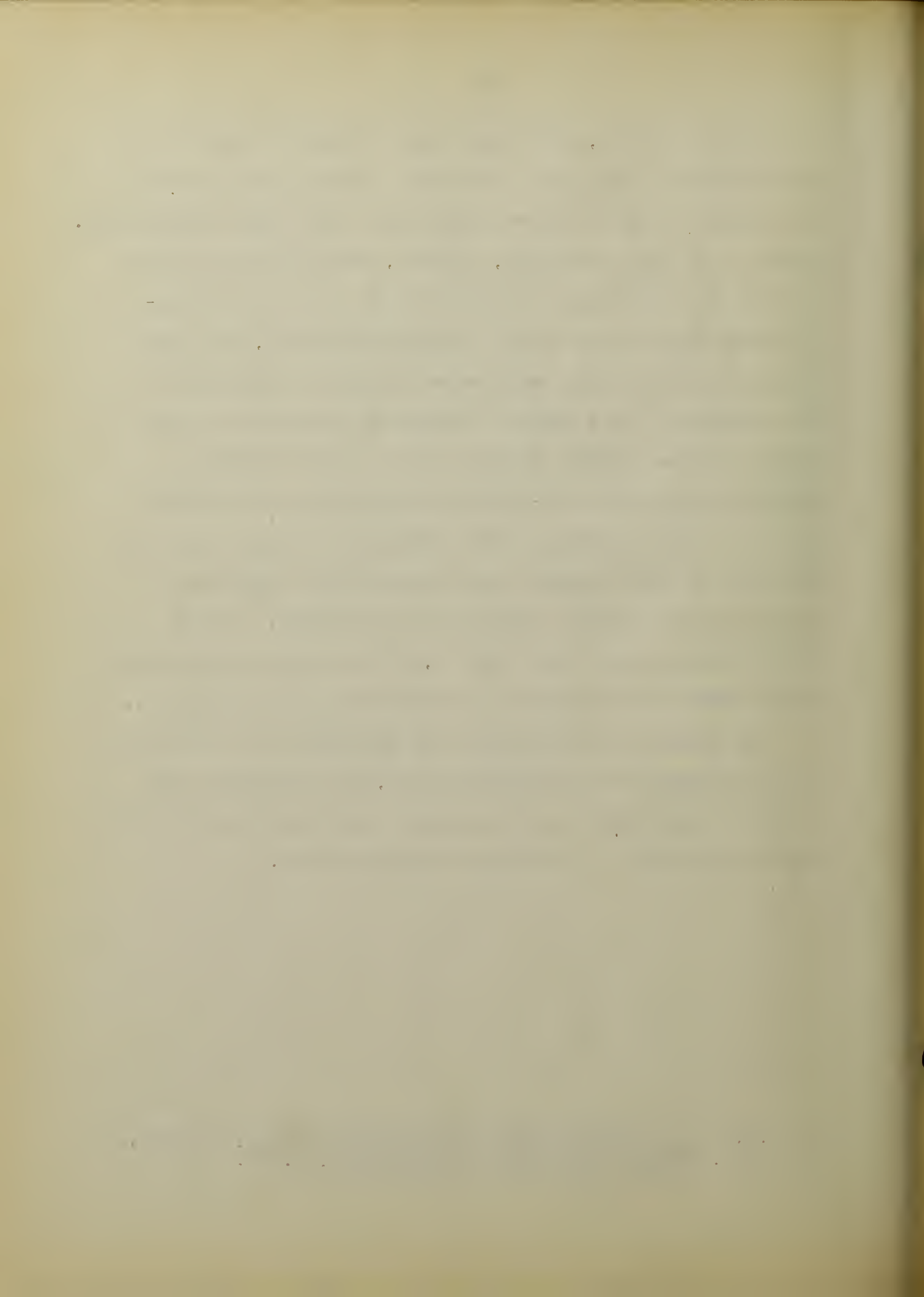




Of June 27, 1931 out of 124 accredited schools in Massachusetts seven were in hospitals which were operated for profit. One of these schools had since been discontinued. There is no way of telling, however, exactly how many hospitals are conducting so-called schools which are not accredited by the state board of nurse examiners, but which nevertheless send out young women to practice nursing in the community. The Council on Medical Education and Hospitals of the American Medical Association reported in 1928 there were 264 non-accredited schools in the United States.<sup>1</sup> It is probably a fair statement to make that the majority of these schools are in proprietary hospitals established to yield a return to the investor. Rorem<sup>2</sup> states that in 1928 there were 1,628 hospitals in the United States owned or controlled by individuals or partnerships.

In concluding this section we recognize the limitation of the material as a complete survey, but we believe the material presented is a fair sample and is indicative of the great variability in schools of nursing today.

1 A.M.A., Hospital Service in the United States, p. 1012.  
2 Rorem, Capital Investment in Hospitals, p. 15.



## III

## Standardizing and Accrediting Agencies

The evidence submitted in the previous chapter we believe warrants the conclusion that many schools of nursing need to raise their educational standards. The next approach to our problem, therefore, is to consider the agencies which have been used in the field of general education, both on a secondary and collegiate level, as well as in specialized fields to raise standards. These agencies seem to fall into three groups:

- 1) Educational boards and foundations which through their studies of educational procedures have been powerful factors in maintaining and advancing educational projects.
- 2) National associations whose influence is felt primarily through research, conference and publicity, and through standards for individual membership.
- 3) Voluntary associations of schools and colleges, both regional and national, which set up and enforce certain minimum academic and financial standards for all their members. In some of the regional associations schools may be admitted to their accredited list although not members of the association.

The first group of agencies which has been influential in setting standards have been the various foundations. Such



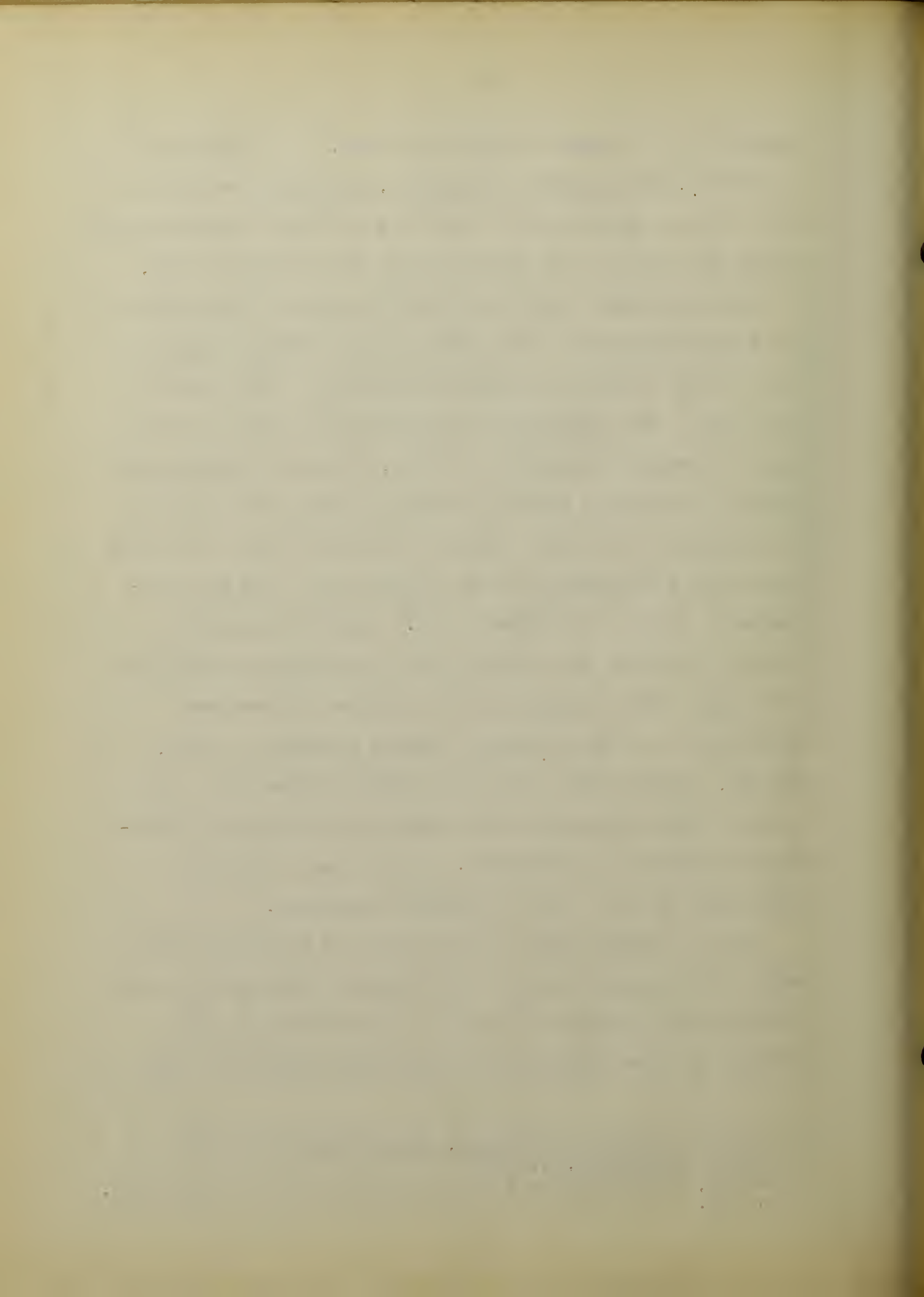


American Association of the General Education Board, the Macmillan  
 Foundation, the Carnegie Foundation, the Carnegie Corporation,  
 and the Commonwealth Fund have all made important con-  
 tributions through the surveys which they have financed,  
 as well as through conditional gifts to institutions which  
 met certain standards. The work of the General Education  
 Board in the field of secondary education in the South is  
 well known. The Macmillan Foundation financed the first  
 study of schools of nursing in 1921, which has already been  
 referred to in this paper. It was this study which led to  
 the founding of the Yale School of Nursing which has passed  
 beyond the experimental stage and goes on a definite pro-  
 fessional level in September 1924.<sup>1</sup> After that time  
 students admitted as candidates for the degree of Bachelor  
 of Nursing shall be graduates of colleges of approved  
 standing who present diplomas showing a degree in arts,  
 science, or philosophy has been conferred upon them. It  
 has also been responsible for financing the school of nur-  
 sing at Vanderbilt University. It has been a generous  
 contributor to the field of medical education.

Friley<sup>2</sup> states that the real work of standardization  
 began with the creation of the Carnegie Foundation for the  
 advancement of teaching in 1906. It started the whole  
 movement of classifying by defining requirements for ad-

1 American Journal of Nursing, Requirements for Yale  
 School of Nursing, p. 233.

2 Friley, Standardizing Agencies in the Field of Education,  
 p. 211.



mission to its approved list.<sup>1</sup> It will be recalled that it was the Carnegie Foundation which sponsored the study made by Flexner which resulted in the elimination of undesirable medical schools. The Carnegie Corporation, which was organized after the Carnegie Foundation, has become interested in general education. It endowed the National Research Council, established the Graduate Library School at the University of Chicago, financed the Educational Finance Inquiry's study of the country's educational needs and the cost of education, subsidized the Modern Language Study, a study of Engineering Education and that on University Libraries. The Commonwealth Fund has set aside nearly a considerable amount for educational research.

In the second group of agencies can be classified such organizations as the American Library Association, the American Association of University Women, the American Association of University Professors, and the American Association of Collegiate Registrars which aid in the standardization program through their requirements for membership.

#### Regional and National Associations

The third group is probably the most influential and includes the regional and national associations, consisting

1 Wiley, Standardizing Agencies in the Field of Education, p. 114.

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1900



of voluntary associations of educational institutions, either secondary or on a higher level, which set up standards for membership and for accreditation. They are the outgrowth of a desire, says Friley,<sup>1</sup> on the part of a group of individuals or educational institutions, either collegiate or secondary, to set certain minimum standards of achievement which all in the group expect to meet either immediately or within a certain fixed time, reaching the goal by certain graduated steps from year to year. Included in the national group are the Association of American Universities, concerned with the problems of graduate schools, the National Association of State Universities, the Association of Land Grant College and Universities, the Association of Urban Universities, the Association of American Colleges, the Association of American Medical Colleges, the Association of American Teachers Colleges, the Association of American Law Schools, and the Association of American Dental Colleges.

There are also other national agencies which differ somewhat from this group, but which carry on accrediting programs. Such an organization is the American College of Surgeons which accredits hospitals and has been extremely influential in raising the standards of professional care. It makes personal inspection before accrediting any in-

1 Friley, Standardizing Agencies in the Field of Education, p. 210.



stitution. The Council on Medical Education and Hospitals of the American Medical Association is charged with the classification of all medical schools and is influential in the field of post graduate medical education. It accredits hospitals for internships, residencies, and publishes yearly a list of hospitals which meet its standards.

The American Dietetic Association has recently started an accrediting program for the "dietetic interne course" in hospitals. The course is accredited for one year following its inspection and approval. It may or may not be retained on the accrediting list depending on conditions at each subsequent yearly inspection.<sup>1</sup>

No doubt the most effective standardizing and accrediting agencies in general education, both on a secondary and college level, are the regional associations. There are now six of these regional associations in the United States; namely, the North Central Association, the Association of Colleges and Secondary Schools of the Southern States, the Association of Secondary Schools and Colleges in the Middle States and Maryland, the Northwest Association of Secondary Schools and Colleges, the New England Association of Colleges and Secondary Schools, and the Western Association.<sup>2</sup> The first four formulate and maintain standards for accreditation; the last two are not accrediting agencies.

1 A.D.A., Letter from President-Elect.

2 Bulletin, Northwest Association, p. 3.

BOSTON UNIVERSITY  
SCHOOL OF NURSING  
LIBRARY

Boston University  
School of Education  
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**Withdrawn**

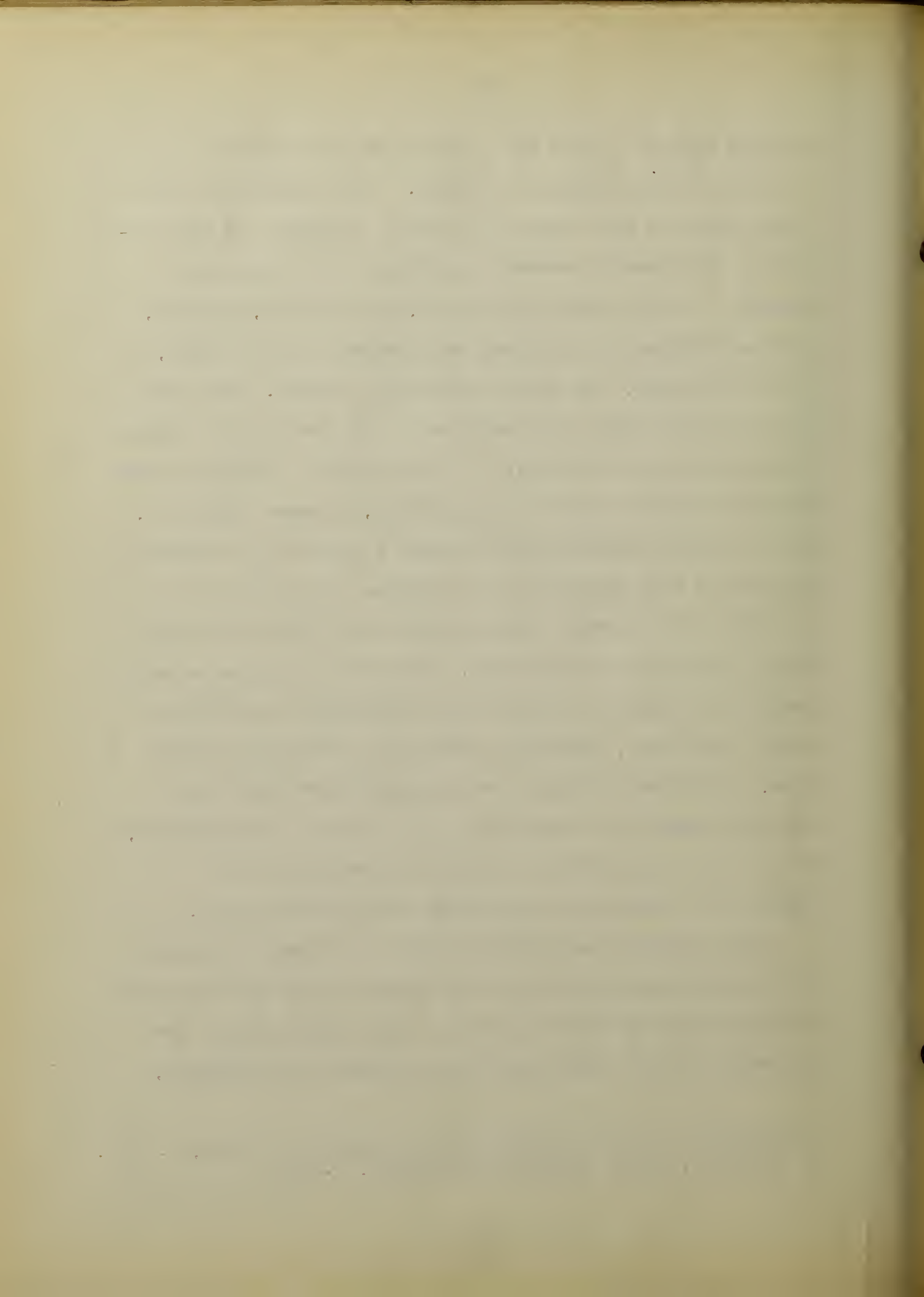




The New England Association was the first regional association and was organized in 1885.<sup>1</sup> Its objective is the advancement of the course of liberal education by the promotion of interests common to colleges and secondary schools. It has never accredited, but it does, however, publish standards of minimum requirements for colleges, junior colleges, and public secondary schools. The North Central Association has been one of the most active regional associations in the field. It was founded in 1925 and aims to bring about "a better acquaintance, a keener sympathy, and a heartier co-operation between colleges and secondary schools of this territory: to consider common educational problems and to devise the best ways and means of solving them; to promote the physical, intellectual and moral well-being of students by urging proper sanitary conditions of school buildings, adequate library and laboratory facilities, and higher standards of scholarship."<sup>2</sup> Not only has the association carried on its program of accrediting, but it has concurrently carried on research on its standards. The other associations have similar aims.

No college is accredited until it has been inspected and reported upon by an agent or agents regularly appointed by the accrediting organization. These associations set the standards for such factors as entrance requirements,

1. Education, et al, Secondary School Administration, p. 307.  
 2. Bulletin, North Central Association, U. S.



requirements for graduation, number of college graduates, size of faculty, the training of members of the faculty, teaching schedules, the library, salaries and financial support. Reference to the bulletin of these associations indicates that emphasis is placed on the character of the curriculum, the efficiency of instruction, the general tone of the institution, and its success in stimulating and preparing its students to do graduate work.

### Accrediting of Secondary Schools

As the names of the associations indicate the accrediting of secondary schools is also carried on by the regional associations. Bacon<sup>1</sup> states that the University of Michigan was the first higher institution in the United States to devise a system of inspection of secondary schools with a view to determining eligibility for approval. This was in 1872, and the purpose of the inspection was to determine the ability of schools to prepare their graduates to undertake the first year of work in the University of Michigan. Other state universities followed the example of Michigan and established similar plans of examination that encouraged the development of standardizing agencies for secondary schools. The North Central Association states that the extent of communication between the accredited schools and the Secretary of the Commission for the purpose

1. Hammond, et al, Secondary School Administration, p. 208.



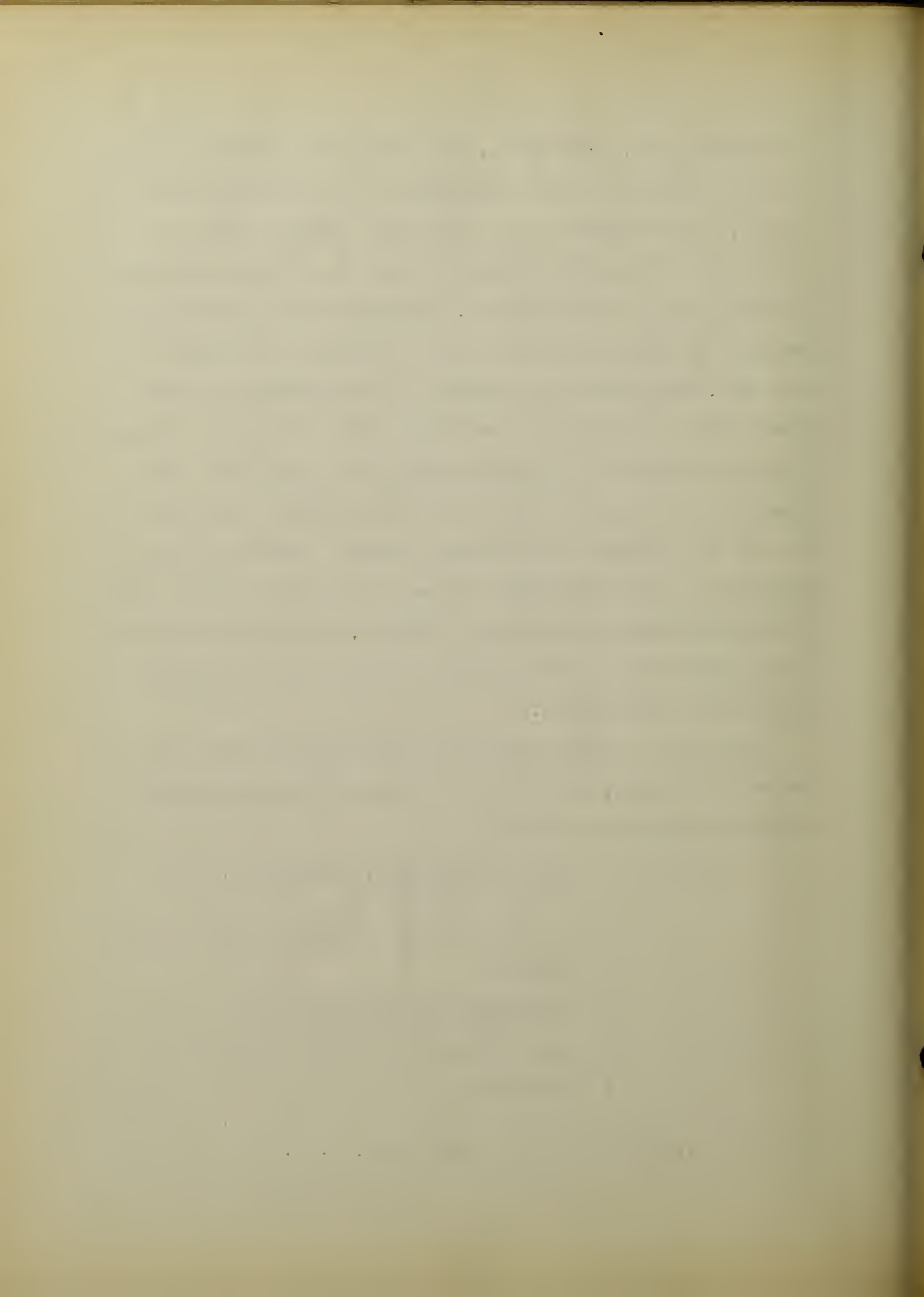


of distribution, collection, and filing the annual report of each school and other documents in the association may select, is as follows: (a) If at the time there is no official, the Inspector of schools appointed by the state university; (b) if other states, the Inspector of schools appointed by state authority; or (c) if there be no such official, such person or persons as the secretary of the Commission may select.<sup>1</sup> The inspection of secondary schools is done through the state departments of education. The Commission on Secondary Schools of the Middle States Association of Colleges and Secondary Schools points out that membership in the association does not include accreditation by the Commission on Secondary Schools, and inclusion on the list of accredited schools does not carry with it membership in the association.

The North Central Association has ten standards for secondary schools, and they are typical of the standards in the other associations:

- Standard 1 - The school plant, sanitation, janitorial service
- 2 - Science laboratories and school library
- 3 - Records
- 4 - Requirements for graduation
- 5 - Instruction and spirit
- 6 - Salaries

<sup>1</sup> Bulletin, North Central Association, n. 4.



Standard 7 - Preparation of teachers

8 - The teacher's load

9 - The pupil's load

10 - Athletics<sup>1</sup>

It is not within the scope of this thesis to appraise the relative merits of these standards, but they are enumerated here to give an indication of the factors which the association believes are valuable in judging a school.

#### Results from Accrediting

Reeves<sup>2</sup> calls attention to the conditions found among colleges before regional associations assumed the functions of accrediting agencies. Among these conditions was the admission as freshmen of students who had not completed high school work. Some small colleges conducted not only work of college grade but had special programs for students ranging from the seventh to the twelfth grades, as well as a graduate program leading to the higher degrees. Individuals set up sham colleges and universities which by extravagant advertising attracted low grade students. Some of the work was done by mail and after a short period of time a diploma was granted. Such things exist today, but at least the public has some way of determining whether an educational institution is approved by proper authorities.<sup>3</sup> In 1900 says that there are colleges in this country which

1 Bulletin, North Central Association, pp. 5-8.

2 Reeves, Uses and Abuses of Standardization, p. 151.

3 1900, A History of Securing National Educational Standards, p. 50.





are worse than our faculty in the misuse of labels and that boys and girls are misled by pretentious statements which would be made the basis of prosecution before the courts if they were perpetrated in the tender.

Medical education from 1860 to 1910 in America, according to Lyon,<sup>1</sup> was ineffectual, poorly supported, unwelcome in many places with pretense and fraud. He gives an instance of visiting a medical school in Indianapolis whose space requirements were fulfilled by two rooms about twenty feet square over a feed store. In one room was a table, which might or might not have been used for a cadaver, and in the other room were several chairs and a blackboard. That was the entire physical equipment. Graduates of that school in that year were eligible for registration in nearly all the states. By 1904 half the world's supply of medical schools was in the United States. There was money in medical education. Many schools were adjuncts of the practice of the physicians comprising the faculties. Some declared substantial dividends from tuition fees and sometimes from the sale of professorships. When one group of doctors started a school a rival group was sure to start another. At one time there were eighteen medical schools in Chicago alone. They advertised for students as brazenly and more falsely than rival grocery stores. There was suspicion and criticism of the medical

1 Lyon, Some Aspects of Medical Education and Nursing, p. 233.



profession on the part of patients and public. The report of 1911 shows the lack of uniformity in the situation. The American Medical Association organized the Council on Medical Education, and this followed by one of medical schools, colleges, and transfers to universities. Ten years the number of schools was reduced to about 100. The entrance requirements were raised to two years of college study with prescribed scientific content.

Deever<sup>1</sup> believes that the service to higher education of the regional standardizing associations has been invaluable if the accrediting associations are to be judged by the total effect of their work. Few critics will maintain that they have not been powerful influences in raising the quality of higher education in America. In the opinion of Bacon<sup>2</sup> it would be impossible to estimate the impetus which standardizing agencies have given to good high schools. By setting up standards of admission to colleges and by holding up ideals of educational achievement to the public, they have greatly increased secondary education. He says<sup>3</sup> that the regional associations were not organized as accrediting agencies but, as a way and a means to disclose the limitations of entrance examinations as determiners of college fitness, the associations began to formulate standards on the basis of which to measure up

1 Deever, Uses and Abuses of Standardization, p. 201.

2 Bacon, Secondary School Administration, p. 214.

3 Ibid., p. 214.





lists of approved schools.

### Disadvantages of Standardization and Accreditation

The standardizing agencies, however, have not been without their critics. In 1924 the National Association of State Universities arranged for a study of recent standardizing activities of certain associations for examinations and curricula.<sup>1</sup> The study was made by Dr. F. L. Kelley, Dean of Administration of the University of Minnesota. In a paper which summarizes the results of this study, he defines standardization as the influence exerted upon one institution to make it like some other institution by means of some pressure which is brought to bear through other channels than by convincing the authorities of the given institution that the procedure recommended is the best procedure to be used. While he does not at all question the high purposes of the standardizing agencies in the field of education and agrees that without doubt the general effect for good up to that date far outweighed the evil consequences, he feels that they had reached the point of diminishing returns and that a different mode of procedure must be adopted. He believes that there were three dangers from national standardization: First that it endangered public confidence on the ground that the profession limited thereby the numbers who could enter the

<sup>1</sup> Kelley, The Influence of Standardizing Agencies, v. 1



profession, thus making possible increased fees for professional services; second, standardization of requirements as to the schools whose curricula were thus standardized a disproportionate influence in their demands for curriculum adjustments and in their appeal for support from university funds; third, for any agency to demand uniformity in educational practice all over the country and thus stifle experimentation could not but impede progress. He summarizes<sup>1</sup> the essential points in which the standardizing agencies have set up requirements and names the agencies making such requirements. He includes in this list all three types of standardizing agencies to which we have previously referred.

Another critic of standardization agencies, Chancellor Harper of the University of Buffalo, has said that he regards the whole standardizing movement in its present form and extent as a menace and that agencies that standardize professional schools are made up chiefly of professional practitioners who know nothing of the complicated relationships of a university, nor do they appreciate that a university is an organic whole. Dr. Harper is especially critical of the Council on Medical Education. He agrees that it has set up all the medical schools, that it originated all some of the standards and requirements, and has done much to raise the whole level of medical education, but believes

<sup>1</sup> Miller, The Influence of Standardizing Agencies, p. 7.





that it has been at least <sup>1</sup>co.

Some of the critics contend that standards have been derived from personal opinion and practice rather than through careful experimentation. Especially in the secondary schools it is felt that the standards unduly stress conformity both in subjects studied and in quality and quantity of achievement.

#### Standards Being Studied

It is evident, however, that the associations seem well on their way to revamping the standards on the basis of study and investigation. The North Central Association has provided that the Commission on Institutions of Higher Education may, with the approval of the Executive Commission, grant an institution the freedom to waive certain standards in order that the institution may carry on an educational experiment which the Commission has approved. This association is now in the midst of a five year study of present standards with a view to improving them, and if the evidence warrants to develop an entirely new set of standards. The General Education Board, convinced of the importance of the study, agreed to help finance the undertaking. Friley<sup>2</sup> states President Coffman of Minnesota declared the principles which will guide the study are:

- 1) The various standards or criteria now used as a

<sup>1</sup> Green, Discussion on Kelley's paper, p. 16.

<sup>2</sup> Friley, Standardizing Agencies in the Field of Education, p. 200.



basis for studying colleges shall, insofar as time and money will permit, be examined and tested.

- 2) New standards or criteria that give increasing consideration to the qualitative factors and forces that determine the real essence or nature of an institution of higher learning shall be discovered, if possible, and formulated.
- 3) The Association should look forward to the formulation of flexible standards of excellence rather than to standards that are applied uniformly and that limit or destroy initiative and experiment.
- 4) In the attempt to discover such standards or criteria a few rather than many problems shall be carefully studied and tested.

The evidence on the whole seems to indicate that the standardizing and accrediting agencies have been effective means of raising educational standards and protecting prospective students.

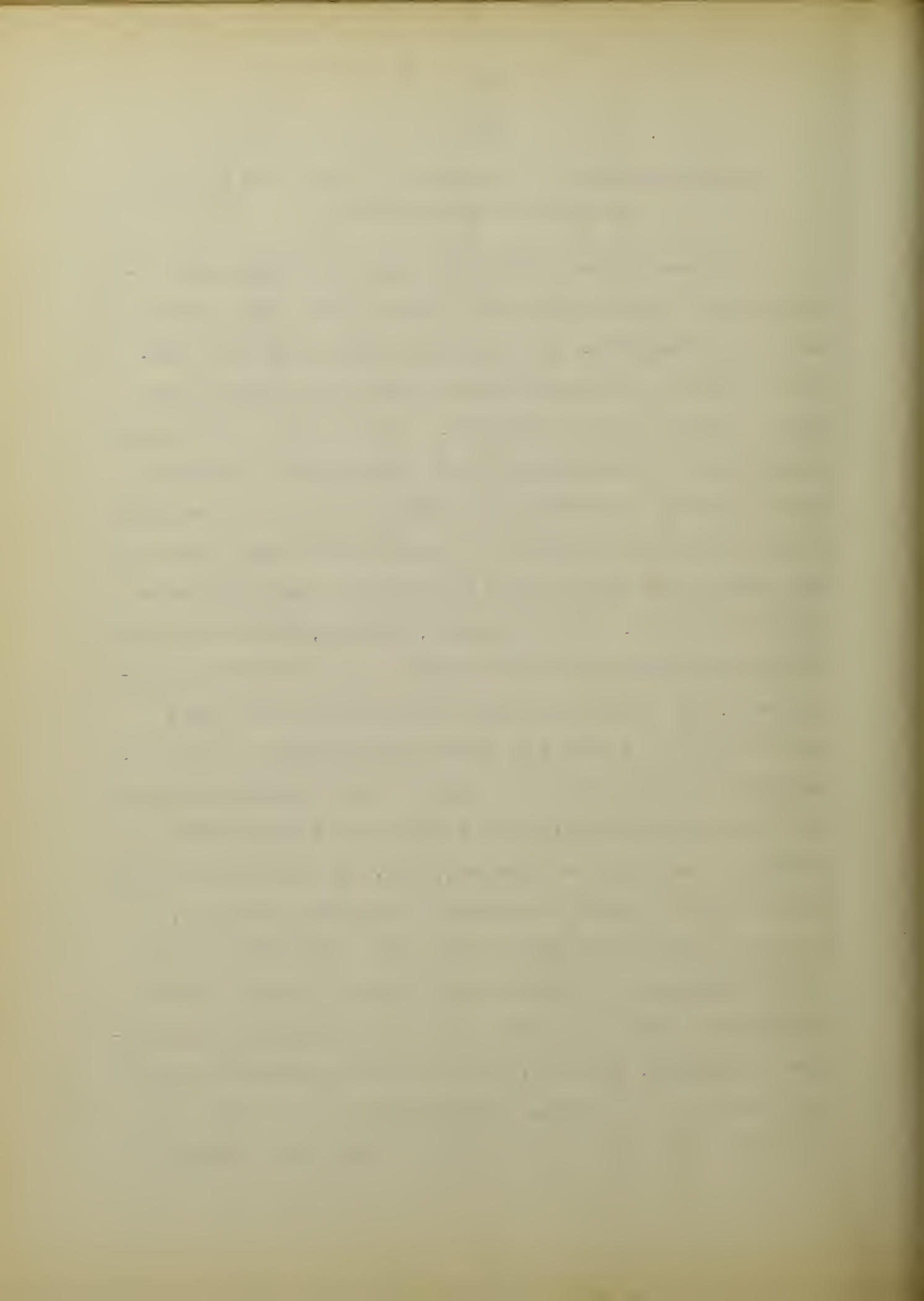




## IV

The Possibilities for Accrediting Schools of Nursing  
by Existing Organizations

As we have already indicated numerous professional organizations closely allied with nursing have given approval to certain standards. They have no power to enforce them. State boards of nurse examiners are the only agencies with power to enforce their standards. These boards are concerned in admitting to registration those who graduate from the schools meeting the minimum requirements of the law relating to the practice of nursing. In this way the state boards become accrediting agencies for the schools from which these students graduate. In many states, however, there is no provision for inspection of the schools. This is true in Massachusetts, and there are schools operating in this state today which do not meet the minimum requirement of the law. Registration for nursing in a state is not a license to practice in the same sense that it is with the professional groups such as medicine, pharmacy, etc. In these cases only those who are licensed to practice in a state may do so. Anyone may practice nursing in the State of Massachusetts without interference, provided she does not use the title "registered nurse." This would not be permitted in the practice of pharmacy, medicine, law, or other professions which are licensed by the state. The examinations are based on the minimum curriculum of the state. Some states prohibit



the members of school of nursing faculties to serve on the state board. The interference of politics in the appointment of examiners and in maintaining low standards in schools are factors which make it doubtful if much can be done through state boards to raise standards until definite educational qualifications are set for these offices. The qualifications in most states are based on years of experience. The ruling in Massachusetts provides for five members, one of whom shall be the Secretary of the Board of Registration in Medicine ex officio. Three members shall be nurses, one a graduate of a different training school and having had eight years' experience in nursing the sick. The fifth member shall be the Superintendent of a hospital having a training school for nurses. There is no educational requirement for the office.

In 1932 Kandel<sup>1</sup> made a study of the educational preparation of the members of state boards of nurse examiners. Returns were made by 106 members of the boards of 26 states. 23 had one to three years of high school; 83 were high school graduates. 24 of the 83 had college preparation, 14 from one to three years and 10 were college graduates.

#### Effect of Organizations

The American Medical Association and the American Col-

1 Kandel, Standardizing Agencies and State Boards of Nurse Examiners, p. 258.

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lege of Surgeons have had some effect on raising the standards of nursing schools. The American College of Surgeons has definite requirements relating to the nursing service and school of nursing before they will accredit a hospital. The Catholic Hospital Association also has standards for the Roman Catholic schools of nursing. The American Medical Association publishes each year a list of hospitals which meet its standards and designates those hospitals which conduct state accredited schools of nursing. It does not, however, set standards for the schools. The 1931 Report of the American Medical Association<sup>1</sup> shows that there are 7,252 hospitals and allied institutions in the United States; 540 were deemed unworthy of being included in any published list of reputable hospitals after investigation because of alleged unethical or criminal practices, admission to their staff of members who were seriously unqualified either morally or professionally, flagrant methods of advertising, or for other valid reasons. Yet 15 of these 540 hospitals had schools of nursing which were accredited by the state board of nurse examiners.

The American Red Cross Nursing Service will enroll only registered nurses and in addition there is a standard for the size of the hospital from which they must have graduated. The Red Cross standards have been set sufficiently high to make them of importance in raising the general level of nur-

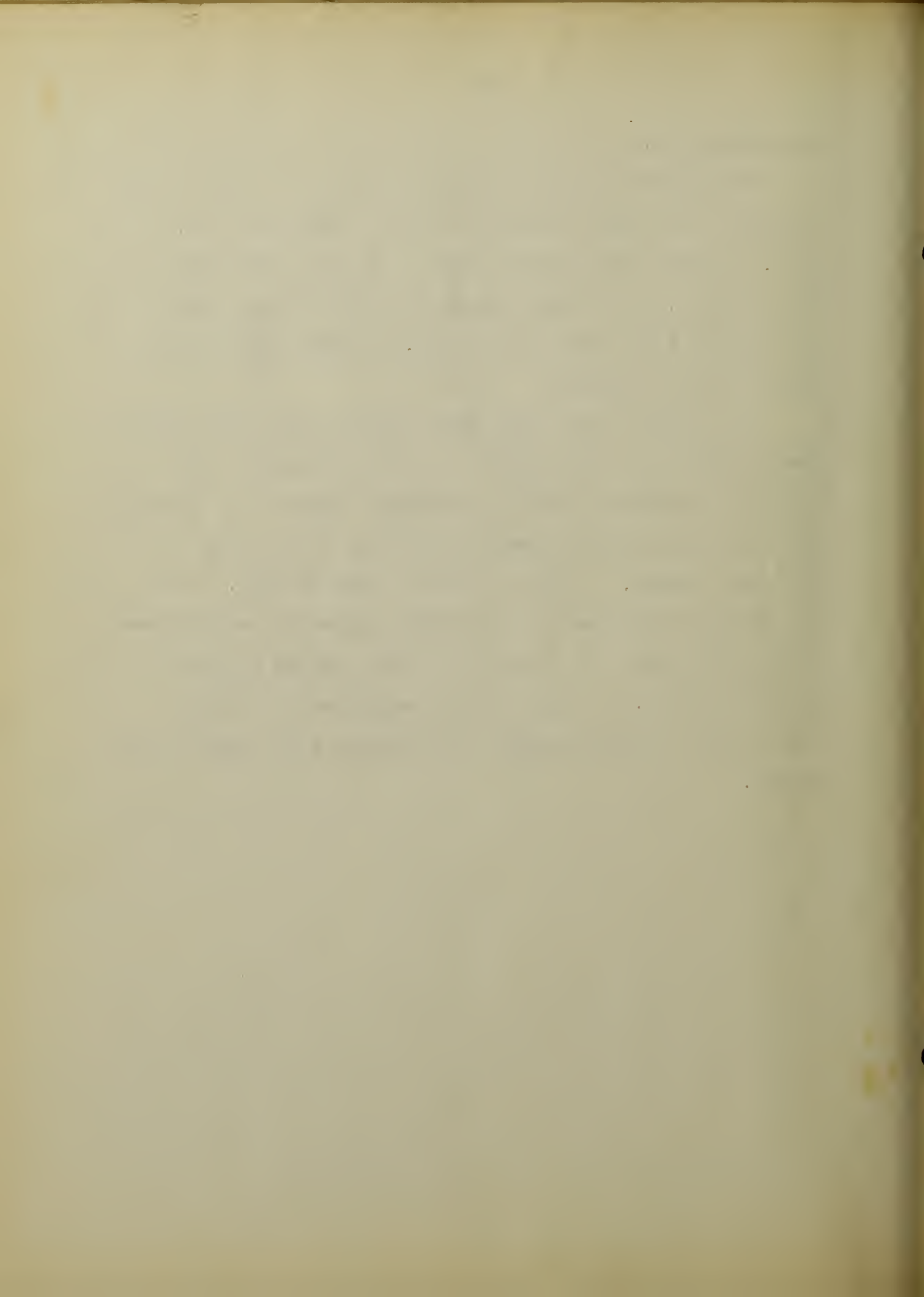
1 A.M.A., Hospital Service in the United States, p. 1326.



nursing education.

The National League of Nursing Education, while it has done much to raise standards of nursing education and, in fact, has been the greatest force in nursing education in this country, is an organization of individuals. They do not control the schools of nursing, although they are functioning in the schools.

The surveys which have been made have also done much to focus attention on the need for raising standards. But whatever recommendations for bettering standards of nursing education the Nursing Committee has made or may make in its final report, it has no power to enforce them. When the Nursing Committee was originally formed it was believed that at the close of its work it would publish a graded list of schools. It has recently announced its policy that it will not make public the findings with regard to any school.





## Summary

There are in the United States some two thousand schools of nursing. They run the whole gamut from so-called schools in privately owned hospitals operating for profit to a school of true professional standards within a university. There are no professional accrediting agencies for these schools.

Nursing is one of the oldest vocations, but it was many centuries before the prototype of the professional nurse, as we know her today, came into being. Modern nursing, it may be said, dates from the beginning of the last century, when Florence Nightingale pointed out the need for definite instruction and knowledge to direct and guide the manual skill. When the British people in gratitude for her work in the Crimea presented her with a large sum of money, she founded the Nightingale School for Nursing at St. Thomas Hospital in London. The school was opened in 1861, and within twenty five years after the Nightingale school had been founded the old system of nursing by poorly paid, untaught women in English hospitals had practically entirely passed away.

The first schools in the United States were founded in the early seventies and were established on the lines of the Nightingale school. Perhaps the outstanding way in which the history of nursing differs materially from the history of



other professions is in the phenomenally rapid increase in schools and students. Hospitals saw in this new vocation for women a way to secure care for their patients and to promote a generally needed service. With the phenomenal growth of hospitals, of which there have been nearly 200 founded yearly between 1900 and 1928, there has been a like growth in schools of nursing. In 1880 there were 15 schools of nursing in the United States; in 1930 there were 3203. According to the 1930 census there is now one trained or student nurse for every 490 people in the country.

Soon after 1890 movements were set on foot which showed the growing consciousness that standards must be set up for the guidance of these schools and their graduates. During the Chicago World's Fair in 1893 the American Society of Superintendents of Training Schools for Nurses was formed. This organization later became the National League of Nursing Education, which has probably been the greatest single force in raising the standards of nursing and nursing education in this country.

In the period between 1895 and 1900 one sees the beginning of the transition from an apprenticeship system to a school on an educational basis. The first attempt of a school of nursing to establish a university relationship was in 1893 at Glasgow University in Scotland. Following a survey of nursing education by the Rockefeller Foundation in 1921 two endowed schools were started; namely, the Yale Uni-





versity school of nursing and the Western Reserve University school of nursing. At the present time nursing schools have connections with about 62 universities and colleges. These connections range from the use of a classroom or the provision for instruction in one or more subjects to a fully recognized school of the university group. While it is true that some of the schools of nursing have rather a loose connection with the college and university, and while many of them have not met university standards for students and faculty, the trend is towards meeting all standards.

Since the opening of the first schools of nursing in this country, the whole field of preventive medicine has been developed; medical science has advanced and with it there has come a like advancement in nursing. These scientific discoveries have brought new responsibilities to the physician and in turn to the nurse. The frontiers of nursing are constantly advancing, because the frontiers of medicine are advancing. We must turn then from a narrow conception of a nurse as one who possesses merely manual skill to a new conception of the nurse with certain knowledge and skills which the hospital trained nurse had not hitherto possessed.

The present period in nursing may be characterized as a self-critical period. In 1921 the Rockefeller Foundation financed a survey of nursing and nursing education, the work



being under the direction of Josephine Foldvart, and the committee in charge, with Dr. C.-E. A. Winslow as chairman, including representatives from medical, nursing, hospital, and public health associations as well as the lay group. The report, based on a survey of a selected group of schools administered by hospitals of recognized standing, revealed the deleterious effect on nursing of subjecting the education of students to hospital needs. It stressed the need for higher standards, the advantage of university connection, and the need for endowments for schools of nursing.

In 1926 through the efforts of the National League of Nursing Education a Committee on the Grading of Nursing Schools was formed with representatives from hospital, medical, nursing, or public health organizations, or selected from the general public. The committee was organized for a five year study, but the study was extended for two years and the committee will make its final report this year. It has made a study of the economics of nursing as well as two national surveys.

The present trend in nursing education in this country is towards closer alliance with other educational institutions, the provision for good fundamental courses in the sciences basic to nursing, better correlation of theory and practice, and the building of a curriculum of much broader scope than has hitherto existed.

A Survey of Schools of Nursing in the United States re-





veals a great variability even based on educational standards. Data have been obtained from the first survey of the Committee on the Grading of Nursing Schools as well as from the second survey which has not yet been published but which has been made available to the writer.

Some of the outstanding conditions as revealed by this survey are as follows. 27% of the students have not completed four years of high school, and in 36% of the schools all the students are high school graduates. There is no general attempt to select students who rank above the average in intelligence. The number of students in schools of nursing range from 8 to 456. Schools of nursing are found in hospitals having a daily average of patients ranging from 8 to over 400. The median hospital in a study of 1146 hospitals showed a daily average of 75 patients. There were 55 hospitals with a daily average of 13 or less patients.

The hours of classroom instruction for these schools ranged from a school which gave 250 hours to another with 2076. The recommendation made by the National League of Nursing Education is 885 hours of class instruction in the three year course. The interquartile range for the schools reporting was 663 to 867 hours. There is great variation in the length of experience in different types of nursing service between students in the same graduating class of the same school. The ratio of hours of class work to hours of practice is recommended by the National League of Nursing



Ratio is 7.7. This practice is based on a 40 hour week for 48 weeks per year. The requirement set by the states with a variation in the ratio of theory to practice of from 1 to 7.91 to 1 to 21.78.

There are still 12% of the schools of nursing which do not have one person who answers to the definition of "one who gives the major portion of her time to the instruction of student nurses." 21% have one full time nurse instructor, and 27% have two or more instructors. A study of the education background of the group classified as instructors shows 5% have never finished high school, 50% have finished high school, and 65% had one or more years of college in addition to their nursing training. Of the superintendents of nurses, 40% is the majority of cases at least as principals of the schools of nursing, 14% had not finished high school, 57% had finished high school, and 49% had one or more years of college. In the study of the teaching load of 1011 instructors, the range of subjects taught was from 1 to 35; the median was 9. A study of the functions of instructors shows that many of them carry duties which are entirely extraneous to their teaching functions.

The cause of the difficulty in schools of nursing is in their financial status. They essentially operate schools without it is a costly means of obtaining nursing service. The evidence warrants the conclusion that many schools of nursing need to raise their educational standards.





In the field of general education, both on a secondary and college level, as well as in specialized fields, much has been done to raise standards through the efforts of various types of standardizing and accrediting agencies. These agencies seem to fall into three groups:

- 1) Educational boards and foundations which through their studies of educational procedure have been powerful factors in maintaining and advancing educational projects.
- 2) National associations whose influence is felt primarily through research, conference and publicity, and through standards for individual membership.
- 3) Voluntary associations of schools and colleges, both regional and national, which set up and enforce certain minimum academic and financial standards for all their members. In some of the regional associations schools may be admitted to their accredited list although not members of the association.

In the opinion of most educators, the service of the accrediting agencies to higher education, if they are to be judged by the total effect of their work, has been very great. Few critics will maintain that they have not been powerful influences in raising the quality of higher education in America. The criticism leveled at the professional organizations does not seem entirely logical. The



professional practitioner may know more about the professional needs of his profession than the educator. Mr. Keller lists as one of the dangers of accrediting that it limits the members in a profession in order to raise the professional fees. One wonders if there is no indication on the part of a profession to decrease its efforts to limit the number of its practitioners in the face of an overproduction of people who do not meet professional standards and who are in a state of unemployment and economic poverty. Reference has been made to the work entailed in the standardizing program of the Council on National Education. No doubt the critic is necessarily referring to financial costs from the standpoint of the individual. On the other hand the cost to the public both in labor and losses suffering from dishonest and incompetent individuals cannot be disregarded.

It is evident that the associations are well on their way to reviewing their standards on the basis of studying and investigation. This will tend to offset the contention that these agencies have reached the point of diminishing returns and that a different mode of procedure must be adopted. At the present time the North Central Association is in the midst of a five year study of present standards with a view to improving them, and if the evidence warrants to develop an entirely new set of standards. The evidence on the whole seems to indicate that the standardizing and





Representative Boards have been effective means of raising educational standards and protecting prospective students.

Professional organizations, likewise, allied with boards have given approval to certain standards and have no power to enforce them. The state boards of nursing examiners are the only agencies with power to enforce their standards. No definite educational qualifications are set for practitioners; state boards of nurse examiners, and unfortunately politics is sometimes an important factor in their selection.

While the standards set by many of these allied organizations have been helpful in raising the standards in nursing, the evidence submitted shows that their efforts have not resulted in eliminating many so-called schools of nursing which do not meet these standards. Further pressure is necessary. Voluntary associations in other fields seem to have been the means of exerting such pressure.

We believe the next step for schools of nursing is an accrediting program undertaken by a voluntary association of schools whose boards of control have already established schools based on sound educational principles. Schools of nursing are educational institutions and as such must be judged by the same standards as other educational institutions. Nursing has already begun to move scientific studies in its own field. It can also with profit make use of the scientific studies in educational measurement in



other fields. The standards set by an accrediting agency should be based on these studies.





## VI

Recommendations

- 1) That the National Institute of Nursing Education take the initiative in organizing an association of schools, and that the temporary standards for membership be those which the League has set up as essential for a good school of nursing.
- 2) That this association set up as soon as possible a department of research to initiate studies or commissions to raise the standards for membership and to evaluate continually their standards.
- 3) That membership in the association be determined by
  - a) submission of a written report of the institution,
  - b) a personal inspection, the cost of the same to be borne by the school desiring it.
- 4) That the by-laws provide for periodic reports and conventions.
- 5) That for certain of the standards suggested for membership a time limit be allowed in which to meet them.
- 6) That regional inspectors be appointed.
- 7) That a department of publicity be set on foot which should not only inform the nursing profession but the general public with the aims of the association.
- 8) Finally, there should be set up an accrediting system with the publication of the list of schools which have been accredited.



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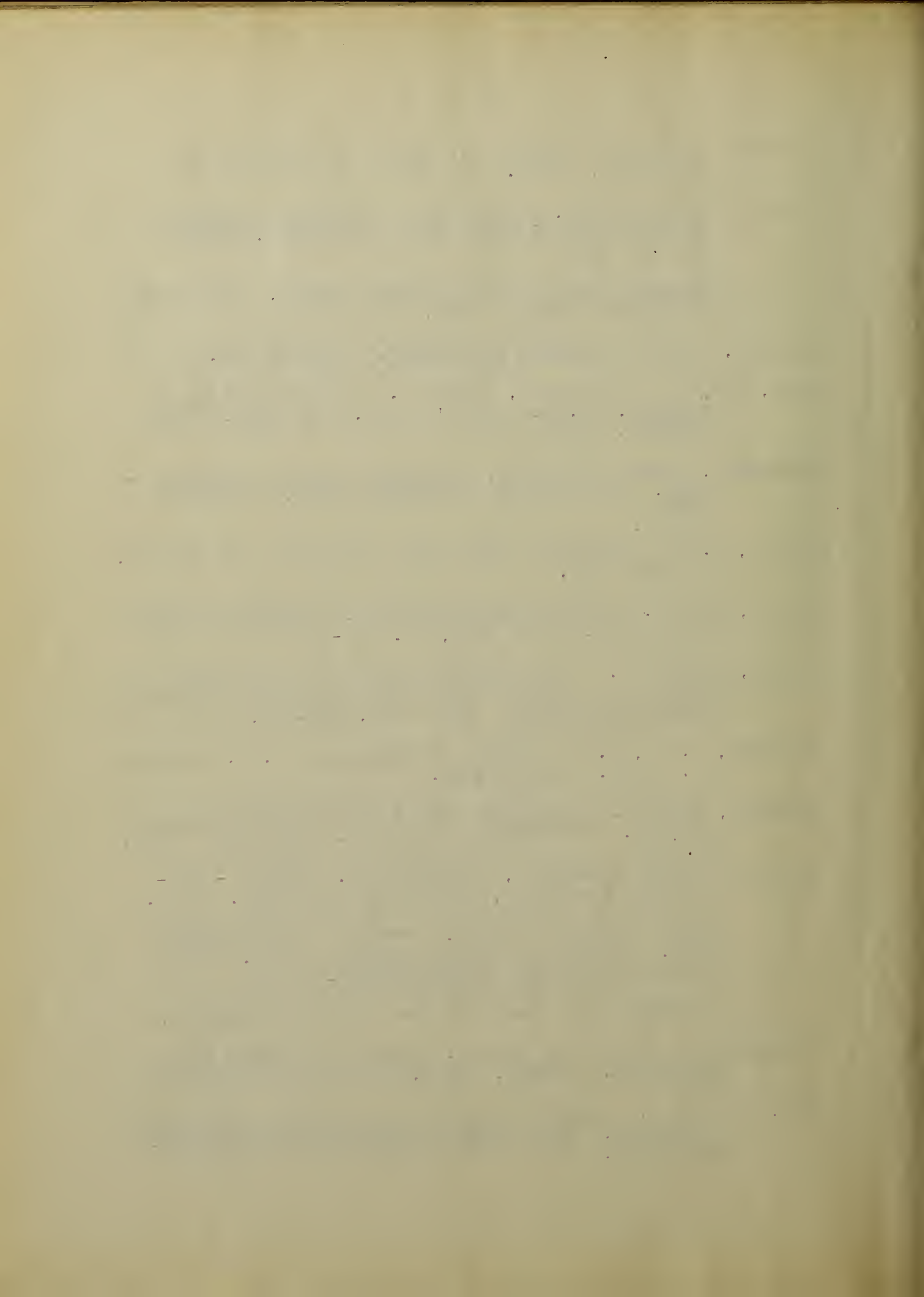


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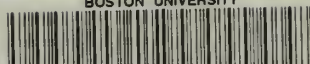
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